## 2018-04-06-03-00200421

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 APR -6 PM 1:59

					- Coo City		
1. NAME OF COMMITTEE (in full)		Check if name s changed)	Example: If typing, type over the lines.	12FE4M5			
·		•					
BENNO FOR CONGRESS	1 1 1	1 1 1 1 1					
		1 1 1 1		<u> </u>			
ADDRESS (number and street)	C/O LA	LLY & MISIR	LLP				
(Check if address	220 QL	220 QLD COUNTRY ROAD SUITE 200					
is changed)	/MINEO		<del>                                     </del>	NY    11 <sub>i</sub> 50;	1 1 1		
		TY▲		STATE ▲	ZIP CODE ▲		
COMMITTEE'S E-MAIL ADDRES	SS						
(Check if address	IDAL YN	ĄJ@ĄOĻ.ÇO	M		ı		
is changed)	L						
	Optional  DALYN	Second E-Mail ARN@TAHO	Address O.COM		1 1 1 1 1 1 1		
					: :: ::		
					·		
COMMITTEE'S WEB PAGE ADD  (Check if address	•	•	-				
is changed)	VOTE	<u> ЗЕЙИО.СОМ</u>					
	1 1 1	1 1 1 1 1	1	1 1 1 1 1 1 1			
	***************************************						
2. DATE 04 04	o / y 20	Y					
	.t						
3. FEC IDENTIFICATION NU	JMBER ▶	• 🖂					
4. IS THIS STATEMENT	NEW	(N) OR	AMENDED (A)				
I certify that I have examined th	is Stateme	ent and to the b	est of my knowledge and belief it i	is true, correct and c	omplete.		
			· -	·	·		
Type or Print Name of Treasurer	MAU	REEN DAL	<u>Y</u>				
Signature of Treasurer	Jan	reen	Daly	Date 04	04 / 2018		
NOTE: Submission of false, errone	eous. or inc	complete informat	ion may subject the person signing th	nis Statement to the pe	enalties of 52 U.S.C. \$30109		
			MATION SHOULD BE REPORTED W				
Office			For further information co Federal Election Commissio		EC FORM 1		
Use Only			Toll Free 800-424-9530 Local 202-694-1100		(Revised 06/2012)		

	FEC Fo	rm 1 (Revised 02/2009) Page 2				
	_	COMMITTEE				
Can	(See a)	e Committee:				
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)				
(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Nam Cano	e of didate	MEER BENNO				
	didate / Affiliati	ion RÉP Office State NÝ  State NÝ  Senate President  District 04				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Cor	mmittee:				
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.				
Poli	tical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a				
		Corporation W/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
		In addition, this committee is a Lobbyist/Registrant PAC.				
	001/2018-1-	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	draising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.				
	Com	nmittees Participating in Joint Fundraiser				
	1.					
	2.	FEC ID number C				
	3.					
	4.					

FEC Form 1 (Revised	d 02/2009)	Page <b>3</b>
Write or Type Committee Na		7
6. Name of Any Connected	1 Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadersh	ip PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	sted Organization Affiliated Committee Joint Fundraising Representative Lea	dership PAC Sponsor
<u>~</u>	Const. Const.	
<ol> <li>Custodian of Records: lo books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person in poss	session of committee
Full Name MAUR	ĘEN PALY, , , , , , , , , , , , , , , , , , ,	11111
Mailing Address	[334 76 STREET	1111
	[BRΟρκίνη 11,209 ]	
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number 718 – 28	8     -  7997
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the nar	ne and address of
Full Name of Treasurer  MAUR	ĘEN PALY, , , , , , , , , , , , , , , , , , ,	
Mailing Address	[C/O LALLY & MISIR, LLP	
	[220 OLD COUNTRY ROAD	
	MINEOLA, 11,50,1 CITY STATE	ZIP CODE
Title or Position		

FEC F	orm 1 (Revis	sed 02/2009)	Page <b>4</b>
		}	
Full Name of Designated Agent	MARIE	DALY	
Mailing Addres	ss	334 76 STREET	
		BROOKLYN	11,209   -  31,06
		CITY STATE	ZIP CODE
Title or Positio		Telephone number	
. Banks or Oth safety deposit Name of Bank	boxes or ma	orles: List all banks or other depositories in which the committee depositations funds.  A etc.  RGAN CHASE	sits funds, holds accounts, rents
Mailing Addre	ss	<sup>1</sup> [216 QLP COUNTRY ROAP	
		MINEOLA, INY	11,50,1
		CITY STATE	ZIP CODE
Name of Banl	k, Depository	y, etc.	
Mailing Addre	ss		
		CITY STATE	ZIP CODE

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FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_

5(g)	or(h). Joint Fundraisin	g Participant:			
10,	1.   1 1 1 1 1	 <u>                                      </u>	FEC ID no	mber C	
	2.		FEC ID nu	ımber C	
	3.		FEC ID no	mber C	
	4.		FEC ID nu	mber C	
6.	Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Repres	entative, or Leadership PAC	Sponsor
	Mailing Address	1			
	g				
			1	. 1 1 1-	1
	Relationship:	CITY ▲	S <sup>-</sup>	TATE ▲ ZIP COI	DE ▲
	Connecte	d Organization Affiliated Committee	Joint Fundraising Re	presentative Leadership	PAC Sponsor
8.	Designated Agent: Identif	y by name, address (phone number – o	otional)		
	1				
	Full Name				
	Full Name  Mailing Address				
					<u> </u>
	Mailing Address	CITY A	STA	TE A ZIP CODE	
·		CITY A	STA		
٠	Mailing Address	CITY A			
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposito	pries: List all banks or other depositories	Telephone Num	per	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or meaning and safety	pries: List all banks or other depositories	Telephone Num	per	
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposito	pries: List all banks or other depositories aintains funds.	Telephone Numi	per	nts, rents
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank,	pries: List all banks or other depositories aintains funds.	Telephone Numi	deposits funds, holds account	nts, rents
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	pries: List all banks or other depositories aintains funds.	Telephone Numi	deposits funds, holds account	nts, rents
9.	Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or m  Name of Bank, Depository, etc.	pries: List all banks or other depositories aintains funds.	Telephone Numi	deposits funds, holds account	nts, rents

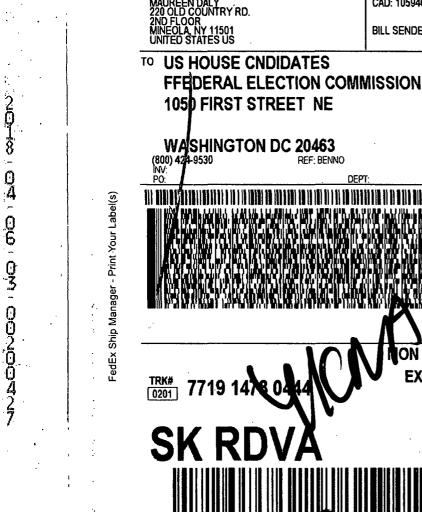
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FFC	Form	15	(Revised)	02/2017

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page	of	

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5(g)	or(h). <b>Joint Fundraisi</b> n	g Participant:		
	1	<u> </u>	FEC ID number	C
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
	<u> </u>			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	1		
	<b></b>			
				1
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connecte	d Organization Affiliated Committee	oint Fundraising Represen	tativeeadership PAC Sponsor
	<u></u>			<del></del>
8.	Designated Agent: Identif	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
			1 1 1 1 1 1 1	
	TITLE OR POSITION	CITY ▲	STATE ▲	ZIP CODE ▲
			Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or m	ories: List all banks or other depositories in whi aintains funds.	ch the committee depos	its funds, holds accounts, rents
	Name of Bank,		,	
	Depository, etc.			
	Mailing Address			
1		CITY A	STATE ▲	ZIP CODE ▲



FEC MAIL CENTER

2018APR -6 PM 1: 59

(718) 288-7997

SHIP DATE: 04APR18 ACTWGT: 1.00 LB CAD: 105940913/INET3980 **BILL SENDER** 



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ON 709 APR 4:30P EXPRESS SAVER **ASR** 

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4/4/2018

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to income.	MING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next B	usiness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify): FBJEX 04-6	te of Receipt or Postmarked -2018 / 4 - 4 - 2018
BUS	04-6-5018
(3/2015)	DATE PREPARED