FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Juanita for Congress PO Box 201 ADDRESS (number and street) (Check if address is changed) Syracuse 13201 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@voteforjuanita.com (Check if address is changed) Optional Second E-Mail Address holly@campaigncompliance.net COMMITTEE'S WEB PAGE ADDRESS (URL) http://voteforjuanita.com (Check if address is changed) DATE 02 2018 C00675538 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Quigley, Maureen, , , Type or Print Name of Treasurer Quigley, Maureen, , , [Electronically Filed] 04 18 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

| EEO F- | rm 1 (Revised 02/2000) | Page 2 | |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|
| | rm 1 (Revised 02/2009) COMMITTEE | Page 2 | |
| Candidate | e Committee: | | |
| (a) x | This committee is a principal campaign committee. (Complete the candidate information below | .) | |
| (b) | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | |
| Name of Candidate | Perez Williams, Juanita, , , | | |
| Candidate Party Affiliat | on DEM Office Sought: X House Senate President | State NY District 24 | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name of Candidate | | | |
| Party Cor | | | |
| (d) | (National, State This committee is a or subordinate) committee of the | (Democratic, Republican, etc.) Party. | |
| Political A | ction Committee (PAC): | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | nnected organization is a | |
| | Corporation 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 s committee. (i.e., nonconnected committee) | egregated fund or party | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| Joint Fund | Iraising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate. | | |
| Com | mittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| 3. | | | |
| 4. | | | |

| Write or Type Committee Name Juanita for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 2018 Majority Makers Fund. Alis New Jersey Avenue, SE Mailing Address Affiliated Committee I Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee I Joint Fundraising Representative Leadership PAC Sponsor CUSTODIA STATE ZIP CODE 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Missoula Title or Position CITY STATE ZIP CODE Comptroller Telephone number 2002 498 7123 8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Ouigley, Maureen Full Name Ouigley, Maureen Syraquise List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Ouigley, Maureen Syraquise List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Syraquise Syraquise List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Syraquise Syraquise List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). | l | | |
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| Juanita for Congress 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor 2018 Majority Makers Fund 415 New Jersey Avenue, SE Mailing Address 415 New Jersey Avenue, SE Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, Full Name Mailing Address 3242 Cummins Way Mailing Address Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor CITY STATE ZIP CODE Telephone number 202 - 498 - 7123 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name Oligley, Maureen, , of Treasurer Mailing Address NY 13215 Syracuse NY 13215 ZIP CODE | FEC Form 1 (Revised | 02/2009) | Page 3 |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor 2018 Majority Makers Fund 415 New Jersey Avenue, SE Mailing Address 415 New Jersey Avenue, SE Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee I Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, Full Name Mailing Address Address Address Address Address Title or Position CITY STATE ZIP CODE Comptroller Telephone number 202 498 7723 Telephone number Against dagent (e.g., assistant treasurer). Full Name Ouigley, Maureen Giarraputo, Holly, Full Name Ouigley, Maureen Against dagent (e.g., assistant treasurer). Full Name Mailing Address Against dagent (e.g., assistant treasurer). Full Name Mailing Address Against dagent (e.g., assistant treasurer). Full Name Ouigley, Maureen Against dagent (e.g., assistant treasurer). Full Name Ouigley, Maureen Syracuse I Syracuse INY 13215 INY 13215 ZIP CODE | Write or Type Committee Name | e | |
| 2018 Majority Makers Fund Mailing Address Missoula Mis | Juanita for Con | gress | |
| Mailing Address #1 Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Full Name Mailing Address Amailing Address Amailing Address Authorized Affiliated Committee Title or Position of the person in possession of committee books and records. Full Name Ouigley, Maureen, Ouigley, Maureen, Ouigley, Maureen, Ouigley, Maureen, Syracuse NY 13215 Syracuse NY 13215 Syracuse NY 13215 CITY STATE ZIP CODE | 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders | ship PAC Sponsor |
| Mailing Address #1 Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, , , Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number 202 498 7123 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 300 Highridge Drive Syracuse NY 13215 | 2018 Majority Makers | Fund | |
| Mailing Address #1 Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, , , Full Name Mailing Address Title or Position CITY STATE ZIP CODE Telephone number 202 498 7123 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 300 Highridge Drive Syracuse NY 13215 | | | |
| Washington CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, Full Name Missoula Missoula Missoula Missoula Missoula Missoula Title or Position CITY STATE ZIP CODE Comptroller Telephone number 202 - 498 - 7123 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Malling Address Syracuse Syracuse Leadership PAC Sponsor Leadership PAC Sponsor Leadership PAC Sponsor Leadership PAC Sponsor Telephone number optional) and position of the person in possession of committee books and records. Telephone number 202 - 498 - 7123 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Alignificant Syracuse NY 13215 Leadership PAC Sponsor | Mailing Address | 415 New Jersey Avenue, SE | |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, , , Full Name | Walling Address | #1, , , , , , , , , , , , , , , , , , , | |
| Relationship: Connected Organization Affiliated Committee | | Washington DC 20003 | |
| Relationship: Connected Organization Affiliated Committee | | | |
| 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Giarraputo, Holly, , , Full Name 3242 Cummins Way Mailing Address Missoula MIT 59802 Title or Position CITY STATE ZIP CODE Comptroller Telephone number 202 498 7123 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 300 Highridge Drive Syracuse NY 13215 CITY STATE ZIP CODE | | CITY STATE | ZIP CODE |
| Giarraputo, Holly, , , Full Name Mailing Address Missoula Missou | Relationship: Connecte | d Organization Affiliated Committee X Joint Fundraising Representative Le | adership PAC Sponsor |
| Full Name Mailing Address Missoula | | ntify by name, address (phone number optional) and position of the person in po | essession of committee |
| Missoula Missou | · · · · · · · · · · · · · · · · · · · | o, Holly, , , | 1 |
| Mailing Address Missoula MIT 59802 Title or Position CITY STATE ZIP CODE Comptroller Telephone number 202 - 498 - 7123 Telephone number 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 300 Highridge Drive Syracuse NY 13215 CITY STATE ZIP CODE | Full Name | .3242 Cummins Way | |
| Title or Position CITY STATE ZIP CODE Comptroller Telephone number Telephone n | Mailing Address | | |
| Title or Position CITY STATE ZIP CODE Comptroller Telephone number Telephone n | | | |
| Comptroller Telephone number | | Missoula MT 59802 | |
| Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer). Full Name | Title or Position | CITY STATE | ZIP CODE |
| any designated agent (e.g., assistant treasurer). Full Name Of Treasurer Mailing Address Syracuse CITY STATE Quigley, Maureen, , , Of Treasurer NY 13215 ZIP CODE | Comptroller | | 498 7123 |
| of Treasurer Mailing Address 300 Highridge Drive | Treasurer: List the name an any designated agent (e.g., and the second sec | ad address (phone number optional) of the treasurer of the committee; and the na assistant treasurer). | ame and address of |
| Syracuse CITY STATE ZIP CODE | | faureen, , , | |
| CITY STATE ZIP CODE | Mailing Address | 300 Highridge Drive | |
| CITY STATE ZIP CODE | | | <u> </u> |
| CITY STATE ZIP CODE | | Syracuse | |
| Title or Decition | | CITY STATE | ZIP CODE |
| Treasurer Telephone number 315 420 9242 | Title or Position Treasurer | 315 Telephone number | 420 9242 |

| FEC FORM I (Revis | ised 02/2009) | Page 4 |
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| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | Telephone number |] |
| safety deposit boxes or m. Name of Bank, Depository | | s, holds accounts, rents |
| IVI & I | 4668 Onondaga Boulevard | |
| Mailing Address | 4000 Citoridaga Bodievald | |
| | | |
| | | |
| | Syracuse NY 13 | 3219 |
| | Syracuse NY 13 | 3219 _ _ _ _ _ ZIP CODE |
| Name of Bank, Depository | CITY STATE | |
| | CITY STATE | |
| | CITY STATE y, etc. | |
| _[Amal | CITY STATE y, etc. Igamated Bank | |
| Amal | CITY STATE Ty, etc. Igamated Bank 1825 K St., NW | |