

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Juanita for Congress

ADDRESS (number and street)

PO Box 201

(Check if address is changed)

Syracuse

NY

13201

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

info@voteforjuanita.com

Optional Second E-Mail Address

holly@campaigncompliance.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

http://voteforjuanita.com

2. DATE

MM / DD / YYYY
05 / 02 / 2018

3. FEC IDENTIFICATION NUMBER ▶

C C00675538

4. 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.

Type or Print Name of Treasurer Quigley, Maureen, , ,

Signature of Treasurer

Quigley, Maureen, , ,

[Electronically Filed]

Date

MM / DD / YYYY
04 / 18 / 2018

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) 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 Affiliation DEM Office Sought: 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 Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

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

Mailing Address

415 New Jersey Avenue, SE

#1

Washington

DC

20003

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Giarraputo, Holly, , ,

Mailing Address 3242 Cummins Way

Missoula

MT

59802

Title or Position

CITY

STATE

ZIP CODE

Comptroller

Telephone number 202 - 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 of Treasurer Quigley, Maureen, , ,

Mailing Address 300 Highridge Drive

Syracuse

NY

13215

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 315 - 420 - 9242

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M & T Bank

[Grid for Name of Bank]

Mailing Address

4668 Onondaga Boulevard

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Syracuse

[Grid for Mailing Address Line 3]

NY

[Grid for State]

13219

[Grid for ZIP Code]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Amalgamated Bank

[Grid for Name of Bank]

Mailing Address

1825 K St., NW

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

Washington

[Grid for Mailing Address Line 3]

DC

[Grid for State]

20006

[Grid for ZIP Code]

CITY

STATE

ZIP CODE