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. Luke Palmieri 6208 Isleworth Dr. ADDRESS (number and street) (Check if address is changed) Glen Allen 23059 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lukepalmieri4@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2015 C00588574 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Luke Palmieri Type or Print Name of Treasurer Luke Palmieri [Electronically Filed] 10 02 2015 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

F	EC Fo	rm 1 (Revised 02/2009)	Page 2				
		OMMITTEE					
Can	didate	didate 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 Candi		Luke Palmieri					
Candi Party	idate Affiliati	on NPA Office Sought: House Senate X President	State				
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name	of.	This committee supportoropposes only one canadate, and is 1101 arradionized committee.					
Candi							
Part	y Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Polit	tical A	ction Committee (PAC):					
(e)	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 segregated fund or pacommittee. (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	t Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Form 1 (Revised 0		Page 3
Write or Type Committee Name		
Luke Palmieri		
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the person in	possession of committee
Luke Palmi	eri	ı
Full Name	6208 Isleworth Dr.	
Mailing Address		
	Glen Allen , VA , 2309	59
Title or Position	CITY STATE	ZIP CODE
	Telephone number	·
3. Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Luke Palmio of Treasurer	eri	
Mailing Address	6208 Isleworth Dr.	
	Glen Allen	59
Title or Position	CITY STATE	ZIP CODE
01 1 0510011		

FEC Form	1 (Revised 02/2009)	Page 4				
Full Name of Designated Agent	esignated Luke Palmieri					
Mailing Address	6208 Isleworth Dr.					
	Glen Allen CITY STATE ZII	P CODE				
Title or Position	Telephone number					
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.						
	Wells Fargo Bank					
Mailing Address	11290 Nuckols RD					
	Glen Allen VA 23059					
	CITY STATE ZI	P CODE				
Name of Bank, D	epository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				