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FEC FORM 1		STATEN ORGAN				Office Use C	PAGE 1 / 4		
1. NAME OF COMMITTEE (ir	n full)	(Check if nam is changed)		mple:If typing, type r the lines.	12FE4M5				
Team Gayo	ot]		
ADDRESS (number a	nd street)	42 Broadway							
(Check if a is changed		Suite 12-438							
is changed		New York				0004			
		CITY A			STATE A	Z			
COMMITTEE'S E-MA	AIL ADDRES	S							
(Check if a is changed		teamgayot@gmai	.com				1		
is changed		Optional Second E-M	ail Address						
COMMITTEE'S WEB	address	RESS (URL) teamgayot.com							
2. DATE 0	M / D 13	2018							
3. FEC IDENTIFIC	CATION NU	MBER ►	C006732	14					
4. IS THIS STATEM	MENT	NEW (N)	R×	AMENDED (A)					
I certify that I have e	examined this	s Statement and to the	best of my	knowledge and belief it	is true, correct a	nd complet	e.		
Type or Print Name of Treasurer Taylor, Lutza, , ,									
Signature of Treasure	er <i>Taylor</i> ,	Lutza, , ,		[Electronically Filed]	Date 12	/ D D 05	/ Y Y Y Y 2019		
NOTE: Submission of				bject the person signing t DULD BE REPORTED W		he penalties	of 2 U.S.C. §437g.		
Office Use Only				For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100			FORM 1 rd 06/2012)		

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. TYPE	E OF C	OMMITTEE	
Can	didate	e 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. (Com information below.)	plete the candidate
Name Cand		Gayot, Lutchi, , ,	
Cand Party	idate Affiliati	on DEM Office Sought: X House Senate President	State NY District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number C	

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Write or Type Committee Name

Team Gayot

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address									
	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.

Taylor, Lut	a, , ,
Full Name	
Mailing Address	42 Broadway
	Suite 12-438
	New York NY 10004 Image: Ima
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 718 971 9534

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	Taylor, Lutza, , ,
Mailing Address	42 Broadway
	Suite 12-438
	New York NY 10004 – / / / / / /
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 718 971 9534

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Full Name of Designated Agent			I	I		1							 	 								1							
Mailing Address																													
			L															1									1		
					1			1	1											1		L					I		
	CITY								STATE ZIP CODE																				
Title or Position																													
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.

Empire	National Bank		
Mailing Address	1044 William Floyd Parkway		
	Shirley	NY 11967	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
TD Ba	nk		
	2 Wall Street		
Mailing Address			
	New York	NY 10005	
	CITY	STATE	ZIP CODE