

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

CAROLYN MALONEY BALLOT CANVASS FUND

ADDRESS (number and street) 24 East 93rd Street
 (Check if address is changed) 4B
New York NY 10128
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) info@carolynmaloney.com

Optional Second E-Mail Address
melissa@carolynmaloney.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) carolynmaloney.com

2. DATE 08 / 17 / 2020

3. FEC IDENTIFICATION NUMBER ▶ C C00755181

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 Mendez, Melissa, , Ms.,

Signature of Treasurer Mendez, Melissa, , Ms., [Electronically Filed] Date 08 / 17 / 2020

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.

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 Maloney, Carolyn, B, Ms.,

Candidate Party Affiliation DEM REP IND OTH

Office Sought: House Senate President

State AL AK AR AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

- (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

CAROLYN MALONEY BALLOT CANVASS FUND

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

NONE

Mailing Address

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 Mendez, Melissa, , Ms.,

Mailing Address 24 East 93rd Street

4B

New York

NY

10128

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

917

345

3829

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 Mendez, Melissa, , Ms.,

Mailing Address 24 East 93rd Street

4B

New York

NY

10128

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

917

345

3829

Full Name of Designated Agent: Tulloch, Andrew, , Mr, Esq.
Mailing Address: 1612 Sterling Drive
Florham Park NJ 07932
CITY STATE ZIP CODE
Title or Position: Counsel/Attorney Telephone number: 973 - 908 - 2099

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.

JPMorganChaseBank,NA

Mailing Address: 101East 90th Street
New York NY 10128
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address:
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N

Transaction ID :

This Committee Registration is designated solely for the Ballot Recount Expenses incurred by Maloney for Congress C00273169 for the June 23, 2020 Primary.

Form/Schedule:

Transaction ID: