

Dear FEC:

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FEC MAIL CENTER

We are filing this amended version of the FEC-1 form to remove a committee that was linked to the FEC ID: C00555292 account "Friends of Kevan Abrahams" in error. The other committee is a state committee and it has come to our attention that it should not have been registered as an affiliated committee. Please call me with any questions, I can be reached at 516-880-8170.

Thank you,

Derek Poppe

14031182539

FEC FORM 1

STATEMENT OF ORGANIZATION

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

Friends of Kevin Abrahams

ADDRESS (number and street)

11044 Northern Boulevard

(Check if address is changed)

Roslyn CITY NY 11576 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

dpappeemillennialstrat.com

Optional Second E-Mail Address

jeffreyguillot@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 02'05'2014

3. FEC IDENTIFICATION NUMBER C00555292

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

Jeffrey Guillot

Signature of Treasurer

Date

02'05'2014

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

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

FEC FORM 1 (Revised 06/2012)

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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 KEVIN ABRAHAMSON

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State NY District 04

- (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

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Write or Type Committee Name

Amending to Remove the Previously Linked Committee. please & Thank you!

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

Jeffrey Guillot

Mailing Address

1044 Northern Boulevard suite 305

Roslyn NY 11576

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 516-886-8170

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

Jeffrey Guillot

Mailing Address

1044 Northern Boulevard suite 305

Roslyn NY 11576

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 516-886-8170

14031182542

Full Name of Designated Agent

Derek Poppe

Mailing Address

11044 Northern Boulevard Suite 305

Roslyn NY 11576

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

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.

Citibank

Mailing Address

11075 Northern Boulevard

Roslyn NY 11576

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031182543

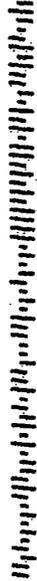
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Friends of Kevan Abrahams  
1044 Northern Blvd., Ste 305  
Roslyn, NY 11576



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2014 FEB 11 AM 9:22  
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Federal Election Commission,  
999 E Street, N.W.,  
Washington, DC 20463



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

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Overnight Delivery Service (Specify): Shipping Date  
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Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked

 2/11/14  
 PREPARER DATE PREPARED

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