Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 X COMMITTEE (in full) is changed) over the lines. National Security Democrats PAC P.O. Box 583 ADDRESS (number and street) (Check if address is changed) Oyster Bay 11771 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS brian@pcmsllc.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 09 2018 C00358952 FEC IDENTIFICATION NUMBER > 3. X 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. Wiener, Harris, , , Type or Print Name of Treasurer Wiener, Harris,,, [Electronically Filed] 02 13 2018 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 Use

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 06/2012)

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Fund	draising 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 two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

 FEC <b>Form 1</b> (R	evised 02/2009)	Page <b>3</b>
Write or Type Committe	ee Name	
National Se	curity Democrats PAC	
	ected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
New York Jobs P	PAC	
	DO D. 500	
Mailing Address	P.O. Box 583	
	Oyster Bay NY	11771
	CITY STATE	ZIP CODE
Relationship: Co	onnected Organization 🗶 Affiliated Committee 🔲 Joint Fundraising Representative	e Leadership PAC Sponsor
<ul> <li>Custodian of Record books and records.</li> </ul>	ds: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Wi Full Name	iener, Harris, , ,	
Mailing Address	P O Box 583	
	Oyster Bay NY	11771
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. <b>Treasurer:</b> List the national and designated agent	ame and address (phone number optional) of the treasurer of the committee; ar t (e.g., assistant treasurer).	nd the name and address of
Full Name Wi	ener, Harris, , ,	
Mailing Address	P O Box 583	
		11771
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

FEC Form 1 (R	evised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other Depositions of Bank, Deposition	itory, etc.	
safety deposit boxes or Name of Bank, Deposit		11731
safety deposit boxes or Name of Bank, Deposit	Bank    517 Larkfield Road	11731 ZIP CODE
safety deposit boxes or Name of Bank, Deposit	Bank  517 Larkfield Road  East Northport  NY  CITY  STATE	
safety deposit boxes or Name of Bank, Deposit LTD Mailing Address	Bank  517 Larkfield Road  East Northport  NY  CITY  STATE	
safety deposit boxes or Name of Bank, Deposit LTD Mailing Address	Bank  517 Larkfield Road  East Northport  CITY  STATE	
safety deposit boxes or Name of Bank, Deposit  TD  Mailing Address  Name of Bank, Deposit	Bank  517 Larkfield Road  East Northport  CITY  STATE	
safety deposit boxes or Name of Bank, Deposit  TD  Mailing Address  Name of Bank, Deposit	Bank  517 Larkfield Road  East Northport  CITY  STATE	