FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

FRIENDS OF ROBIN LAVERNE WILSON

ADDRESS (number and street)

P O BOX 4502

☒ ◄ (Check if address is changed)

NEW YORK (CITY ▲) NY (STATE ▲) 10163-4502 (ZIP CODE ▲)

COMMITTEE'S E-MAIL ADDRESS

☒ ◄ (Check if address is changed)

ROBINFORSENATOR@GMAIL.COM

Optional Second E-Mail Address

GILOBLER@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ ◄ (Check if address is changed)

WWW.ROBINFORSENATOR.COM

2. DATE 10 / 05 / 2016

3. FEC IDENTIFICATION NUMBER ▶ C00625012

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 Gil Obler

Signature of Treasurer Gil Obler Date 10 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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)

201610110200399560

5. TYPE OF COMMITTEE

Candidate 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 of Candidate: ROBIN LAVERNE WILSON

Candidate Party Affiliation: GRE

Office Sought: [ ] House [X] Senate [ ] President

State: NY

District:

(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

FRIENDS OF ROBIN LAVERNE WILSON

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

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: GIL OBLER

Mailing Address: P.O. BOX 4502

NEW YORK NY 10163-4502

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 617-388-5445

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: GIL OBLER

Mailing Address: P.O. BOX 4502

NEW YORK NY 10163-4502

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 617-388-5445

Full Name of Designated Agent: JAMES LANE

Mailing Address: 269 12TH STREET

BROOKLYN | NY | 11215-

CITY | STATE | ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 718-788-2260

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.

CARVER FEDERAL SAVINGS BANK

Mailing Address: 75 WEST 125TH STREET

NEW YORK | NY | 10027-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

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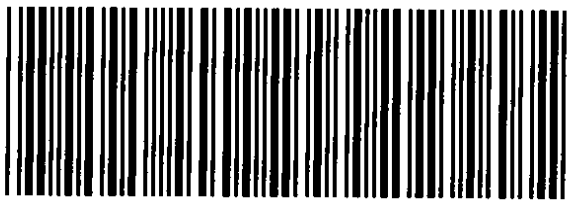

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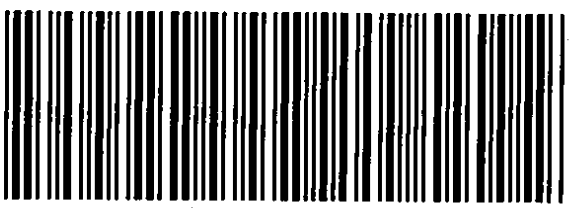

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