

SECRETARY OF THE SENATE  
10 JUL 21 AM 10:57

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

People For Gail Goode

ADDRESS (number and street)

40 Clinton Street # 2 F

(Check if address is changed)

Brooklyn NY 11201

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

P.Bencivenga@mac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.GailGoode.com

2. DATE 07 ' 15 ' 2010

3. FEC IDENTIFICATION NUMBER 000484279

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 Patrick Bencivenga

Signature of Treasurer Patrick Bencivenga Date 07 ' 15 ' 2010

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 02/2009)

10020570562



Write or Type Committee Name

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

Grid lines for organization name

Mailing Address

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

Grid line for full name

Mailing Address

Grid lines for mailing address

Title or Position

CITY

STATE

ZIP CODE

Grid line for title or position

Telephone number

Grid lines for telephone number

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).

\* Change of Treasurer

Full Name of Treasurer

Grid line for full name of treasurer: Patrick Bencivenga

Mailing Address

Grid line for mailing address: 40 Clinton Street # 2F

Grid lines for city, state, and zip code: Brooklyn NY 11201

CITY

STATE

ZIP CODE

Title or Position

Grid line for title or position: Treasurer

Telephone number

Grid line for telephone number: 917-589-3322

10020570564

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Chase Bank

Mailing Address

477 Montague Street

[Grid for Mailing Address Line 2]

Brooklyn NY

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

10020570565

People for Gail Gaste  
45 Clinton St # 2F  
Brooklyn, NY 11201

NEW YORK NY 100



Office of Public Records  
SECRET

BY P.D. Sisk # 2517

POST OFFICE

Alexandria, VA 22301-0517

SECRETARY OF THE SENATE  
10 JUL 21 AM 11:05

22301+0517



99507502001

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

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Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
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USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

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Date of Receipt

POSTMARK ILLEGIBLE

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Date of Receipt

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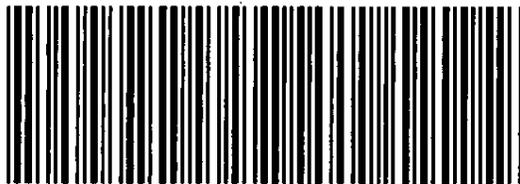
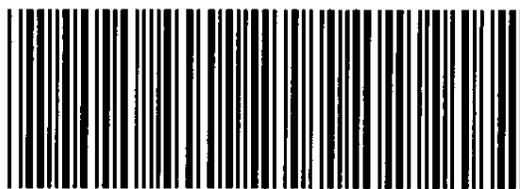
PREPARER

**RD**

DATE PREPARED

**07-21-10**

10020570567



10020570568