

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER 2023 JUN 23 AM 9:11 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

College Democrats of New York Inc

ADDRESS (number and street)

23 Biomedical Dr

(Check if address is changed)

SMC 475

Clamton CITY

NY STATE

113617 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

collegedemsny@gmail.com

Optional Second E-Mail Address

eligbirowl@sttaw.edu

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.collegedemsny.org

2. DATE

06 / 20 / 2023

3. FEC IDENTIFICATION NUMBER

C00452490

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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 Eliza Brown

Signature of Treasurer Eliza Brown

Date 06 / 20 / 2023

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.

Table with 5 columns and 1 row for Office Use Only.

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

FEC FORM 1 (Revised 03/2022)

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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 _____

Candidate Party Affiliation 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 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.)

- (g) This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) 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.
- (j) 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. _____
2. _____

UNIVERSITY MICROFILMS INTERNATIONAL

Write or Type Committee Name

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

Empty grid lines for organization name

Mailing Address grid lines

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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 Elizabeth Brown

Mailing Address 23 Romodia Dr.

SMC 475

Clamiton NY 13617

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Finance Director

Telephone number 207-691-4861

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 Elizabeth Brown

Mailing Address 23 Romodia Dr.

SMC 475

Clamiton NY 13617

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Finance Director

Telephone number 207-691-4861

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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.

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

Mailing Address

[Grid for Mailing Address - 1196 Western Ave]

[Grid for Mailing Address - Albany]

[Grid for Mailing Address - Albany, NY, 12203-3358]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

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

Mailing Address

[Grid for Mailing Address - Empty]

[Grid for Mailing Address - Empty]

[Grid for Mailing Address - Empty]

CITY ▲

STATE ▲

ZIP CODE ▲

UNIONBROKER.COM

5(i) or (j). **Joint Fundraising Participant:**

1. _____

2. _____

3. _____

4. _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

FEC ID number **C** _____

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

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____

Mailing Address _____

TITLE OR POSITION ▼ _____ CITY ▲ STATE ▲ ZIP CODE ▲

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. _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

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20463



RDC 04

FROM:

Eliza Brown
23 Romoda Dr.
SMC 47C
Canton, NY
13617

TO:

Federal Election
Commission
1050 First Street, N.E.
Washington, DC
20463

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Federal Election Commission
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 PREPARER

06/23/23
 DATE PREPARED

(4/2023)

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