FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in fu	II) (Check if name is changed) Example: If typying, type over the lines	12FE4M5
Friends of Weir	ner '04. 	
1		
ADDRESS (number and st	reet)	
X (Check if address is changed)		
COMMITTEE'S E-MAIL		STATE ZIP CODE
COMMITTEE'S WEB P		
COMMITTEE'S FAX NU 7185200004	JMBER	
3. FEC IDENTIFICAT	ION NUMBER C C00388355	
4. IS THIS STATEME	NT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my knowledge and belief it is true, correc	ct and complete
Type or Print Name of T	reasurerNelson Braff	
Signature of Treasurer	Electronically Filed by Nelson Braff	Date 10 / 16 / Y Y Y Y
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person signing this s ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office Use Only	For further informati Federal Election Com Toll Free 800-424-950 Local 202-694-1100	mission FEC FORM 1

FECForm 1 (Revised 02/2003)	Page 2
5. TYPE OF COMMITTEE (Check One)	
(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 information below.)	e candidate
Name of Anthony D Weiner Candidate _ _ _ _ _ _ _ _	
Candidate Office X House Senate President	State NY District 9
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
	Democratic, Republican,etc.) Party.
(e) This committee is a separate segregated fund	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party
6. Name of Any Connected Organization or Affiliated Committee	
1	
1 Ascan Avenue #31 Mailing Address	
Forest Hills	11375
CITY STATE STATE	ZIP CODE

Туре с	of Connected Organization:		
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	Trade Association	Cooperative

FEC Form 1 (Revised 02/2	2003)		Page 3
Write or Type Committee Name			
Friends of Weiner '04			
 Custodian of Records: Iden possession of Committee b 	tify by name, address, (phone number ooks and records.	optional), and position of t	he person in
Full Name	Braff 		
Mailing Address	1 Ascan Avenue #31		
	Forest Hills	NY	11375
Title or Position ♥	CITY A	STATE	ZIP CODE
Treasurer		Telephone number	
8. Treasurer: List the name a name and address of any d	nd address (phone number optional) of esignated agent (e.g., assistant treasurer	the treasurer of the comm).	ittee; and the
Full Name of Treasurer Nelson E	Braff		
Mailing Address	1 Ascan Avenue #31		
	Forest Hills	NY	11375
Title or Position ♥	СІТҮ 🛦	STATE▲	ZIP CODE 🛦
Treasurer	·	Telephone number	
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY 🛦	STATE A	ZIP CODE
		Telephone number	

9.

FEC Form 1 (Revised 02/2003)		
Banks or Other Depositories:	List all banks or other depositories in which the committee deposits funds, holds account	s. rents
safety deposit boxes or maintains f		

Name of Bank, Depository, etc.

Mailing Address	118-30 Queens Boulevard		
	Forest Hills	NY 11375	
	CITY 🛆	STATE 🗠 ZIP CODE 🛆	