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FEC FORM 1

STATEMENT OF ORGANIZATION

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2018 MAR 28 AM 11: 53

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	7 - 4 1 2 - 1
FLIPNY24				
ADDRESS (number and street)	5307 POSTER LANE			
(Check if address is changed)				
	FAYETTEVILLE CITY ▲		NY 13066 STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL ADDRES	SS			
(Check if address is changed)	FLIPNY24@GMAIL.COM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11111	
	Optional Second E-Mail Add AGSLISZ@GMAIL.COM			
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	PRESS (URL)			
2. DATE 03 23	D. 7 . Y . Y . Y . Y . Y			
3. FEC IDENTIFICATION NU	JMBER ▶ C 006	370919		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	A	
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct and cor	mplete.
Type or Print Name of Treasurer	AMANDA G. SLISZ			
Signature of Treasurer	amanda & /	lus/	Date 03 2	3 2018
NOTE: Submission of false, errone		may subject the person signing t		alties of 52 U.S.C. §30109
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530	on FE	EC FORM 1 levised 06/2012)

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TYPE OF Co	OMMITTEE Committee:				
(a)	This committee is a principal campaign	committee. (Complet	e the candidate in	formation below	2.)
(b)	This committee is an authorized commit information below.)	ttee, and is NOT a p	rincipal campaign	committee. (Cor	nplete the candidate
Name of Candidate			 		
Candidate Party Affiliation	Office on Sought:	House	Senate	President	State District
(c)	This committee supports/opposes only of	one candidate, and is	s NOT an authorize	ed committee.	
Name of Candidate			11111		
Party Com	ımittee:	the first time of the second and the second	- Francisco de granda - Francisco de Granda de		
(d)	This committee is a	(National, State or subordinate) con	nmittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):			1 Mary 1	
(e)	This committee is a separate segregate	d fund. (Identify conf	ected organization	on line 6.) Its co	onnected organization is a:
	Corporation	Corporati	on w/o Capital Sto	ck	Labor Organization
	Membership Organization	Trade As	sociation		Cooperative
	In addition, this committe	e is a Lobbyist/Regis	trant PAC.		
(1) ×	This committee supports/opposes more committee. (i.e., nonconnected committee		andidate, and is No	OT a separate s	segregated fund or party
	In addition, this committee is a Lo	bbyist/Registrant PA	C.		
	In addition, this committee is a Le	eadership PAC. (Iden	tify sponsor on line	6.)	
Joint Fund	Iraising Representative:	· · · · · · · · · · · · · · · · · · ·	** * * * * * · · · · · · · · · · · · ·		
(g)	This committee collects contributions, pay committees/organizations, at least one of				
(h)	This committee collects contributions, pay committees/organizations, none of which				two or more political
Com	mittees Participating in Joint Fundrai	ser			
1.		1	FEC ID nu	mber C	
ı. 2.	1 1 1		FEC ID nu	mber C	•••
			- _ 	_	
3.			FEC ID nu		. •
4.			FEC ID nui	mber C	

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Write or Type Committee Nam		i age o
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leaders	hip PAC Sponsor
INONE		
		<u> </u>
		1 1 1 1 1 1 1
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
 Custodian of Records: Id books and records. 	lentify by name, address (phone number - optional) and position of the person in pos	ssession of committee
Full Name RAUL F	<u> UERTA</u>	
Mailing Address	5307 POSTER LANE	
	FAYETTEVILLE 13066	ـــا-لــــ
Title or Position	CITY STATE	ZIP CODE
CHAIR PERSON		47 4923
Treasurer: List the name a any designated agent (e.g.	and address (phone number – optional) of the treasurer of the committee; and the na , assistant treasurer).	me and address of
Full Name of Treasurer AMANE	PAG. SLISZ	<u> </u>
Mailing Address	18 ERREGGER TERRACE	
	SYRACUSE NY 13224	
Title or Position	CITY STATE	ZIP CODE
TREASURER		43 4923

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Full Name of Designated	RAUL HUERTA	
Agent l		 -
Mailing Address	5307,POSTER LANE	
	FAYETTEVILLE INY 1:	ZIP CODE
Title or Position		
CHAIR PERSON	N Telephone number 315	_ 247
Name of Bank, D	xes or maintains funds. Depository, etc.	
		4. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	Depository, etc.	
Name of Bank, D	Depository, etc.	
Name of Bank, D	Pepository, etc. [KEY BANK	3224
Name of Bank, D	Pepository, etc. [KEY BANK	3224
Name of Bank, D	EXPRACUSE INY STATE	
Name of Bank, D	EXPRACUSE INY STATE	
Name of Bank, D	EXPRACUSE INY STATE	
Name of Bank, D Mailing Address Name of Bank, D	EXPRACUSE INY STATE	
Name of Bank, D Mailing Address Name of Bank, D	EXPRACUSE INY STATE	

Amanda Slisz 18 Erregger Ter Syracuse, NY 13224-2152

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Federal Election Commission

1650 First Street NE Washington, OC 204

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
PREPARER M	3/29/2018 DATE PREPARED
(3/2015)	