

# 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

Little4Congress

ADDRESS (number and street)

PO Box 677

(Check if address is changed)

Flushing

CITY ▲

NY

STATE ▲

11967

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

mark@littles4congress.com

Optional Second E-Mail Address

nancy@campaignsunlimitedny.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

Little4Congress.com

2. DATE

12 / 01 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00764084

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 Marks, Nancy, , ,

Signature of Treasurer

Marks, Nancy, , ,

[Electronically Filed]

Date

12 / 01 / 2021

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 06/2012)



Write or Type Committee Name

# Little4Congress

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

NONE

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 Marks, Nancy, , ,

Mailing Address 47 Flintlock Dr

Shirley NY 02051

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 631 772 1900

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 Marks, Nancy, , ,

Mailing Address 47 Flintlock Dr

Shirley NY 02051

Title or Position Treasurer CITY STATE ZIP CODE

Treasurer Telephone number 631 772 1900

Full Name of Designated Agent

Littles, Mark, , ,

Mailing Address

88 Jedediahs Path

Marshfield

MA

02050

CITY

STATE

ZIP CODE

Title or Position Candidate

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.

Flushing Bank

Mailing Address

1044 William Floyd Pkwy

Flushing

NY

11967

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE