

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

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2014 MAY 20 AM 9:10

Office Use Only  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MATT FUNICIELLO FOR CONGRESS

ADDRESS (number and street)

19 Exchange St.

(Check if address  
is changed)

GLENS FALLS  
CITY ▲

NY  
STATE ▲

12801  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.MATTFUNICIELLOFORCONGRESS.ORG

2. DATE 05/13/14

3. FEC IDENTIFICATION NUMBER ► CH4 NY21111

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 Michael B. LAW

Signature of Treasurer Michael B. Law

Date 5-13-14

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

FEC FORM 1  
(Revised 06/2012)

14031240669

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 MATTHEW J. FUNICIELLO

Candidate Party Affiliation GRE Office Sought:  House  Senate  President State NY District 21

- (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.)

Joint Fundraising Representative:

- (g)  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.
- (h)  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. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

14031240670

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

[Empty 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

Michael B. LAW

Mailing Address

P.O. Box 4572

Queensbury

NY

12804

Title or Position

CITY

STATE

ZIP CODE

Telephone number

518-761-1148

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

MICHAEL B. LAW

Mailing Address

P.O. BOX 4572

QUEENSBURY

NY

12804

Title or Position

CITY

STATE

ZIP CODE

Telephone number

518-761-1148

14031240671

Full Name of Designated Agent

Peter A. Lavenia, Jr.

Mailing Address

39 South Lake Ave

Apt 4

Albany

CITY

NY

STATE

12203

ZIP CODE

Title or Position

Telephone number

518-463-8653

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.

Glens Falls National Bank

Mailing Address

250 Glen St

Glens Falls

CITY

NY

STATE

12801

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031240672

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North Funicello for Congress  
19 Exchange St.  
Glens Falls, NY 12801

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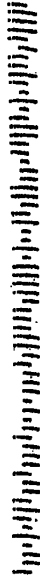
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FEC MAIL CENTER



Federal Election Commission  
999 E Street  
N.W.

Washington, D.C. 20463



Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked  
5/15/14

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No Postmark


Overnight Delivery Service (Specify): Shipping Date  
Next Business 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): Date of Receipt or Postmarked

  
 PREPARER  
 (8/2013)

5/20/14  
 DATE PREPARED

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