PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Maggie Brooks for Congress PO Box 10118 ADDRESS (number and street) (Check if address is changed) Rochester 14610-0118 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pam@maggiebrooks.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) maggiebrooks.com (Check if address is changed) DATE 05 2012 C00516708 FEC IDENTIFICATION NUMBER 3. X 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. Roger Upton Type or Print Name of Treasurer Roger Upton [Electronically Filed] 09 25 2012 Signature of Treasurer Date 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. **FEC FORM 1** (Revised 06/2012)

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

FI	EC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
		e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compleinformation below.)	ete the candidate
Name Candid		Maggie Brooks	
Candio	date	Office	State
Party A	Affiliati	on REP Sought: X House Senate President	District 25
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	/ Con	nmittee:	
(d)			emocratic, epublican, etc.) Party.
Politi	ical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
		Corporation Corporation w/o Capital Stock	_abor 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 segrecommittee. (i.e., nonconnected committee)	egated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	
Maggie Brooks for Congress	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
Young Guns 2012 Round 2	
228 S. Washington Street	
Mailing Address Suite 115	
	22314
CITY	ZID CODE
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records. 	on in possession of committee
Roger Upton Full Name	
171 Sullys Trail Mailing Address	
Suite 201	
Pittsford	14534-4557
Title or Position CITY STATE	ZIP CODE
Treasurer 585	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; an any designated agent (e.g., assistant treasurer).	d the name and address of
Full Name Roger Upton	1
of Treasurer	
Mailing Address 171 Sullys Trail	
Suite 201	
	14534-4557
CITY STATE Title or Position Treasurer STATE	ZIP CODE
Telephone number	

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number	
Name of Bank,	oxes or maintains funds. Depository, etc.	
	Depository, etc. Key Bank ,3420 Monroe Avenue	
Name of Bank,	Depository, etc. Key Bank ,3420 Monroe Avenue	
Name of Bank,	Depository, etc. Key Bank ,3420 Monroe Avenue	04
Name of Bank,	Depository, etc. Key Bank 3420 Monroe Avenue Rochester NY 14618-470	04 -
Name of Bank,	Depository, etc. Key Bank 3420 Monroe Avenue Rochester NY 14618-470 CITY STATE Z	
Name of Bank, Mailing Address	Depository, etc. Key Bank 3420 Monroe Avenue Rochester CITY STATE Z Depository, etc.	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Key Bank 3420 Monroe Avenue Rochester CITY STATE Z Depository, etc.	ZIP CODE