## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cathy Bernstein for Congress 2211 Broadway ADDRESS (number and street) Apt 4M (Check if address is changed) New York 10024 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cathy@bernsteinforcongress.com (Check if address is changed) Optional Second E-Mail Address cathy@bernsteinforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) bernsteinforcongress.com (Check if address is changed) DATE 2019 C00733170 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. Jung, Bryan, , , Type or Print Name of Treasurer Jung, Bryan, , , [Electronically Filed] 01 03 2020 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

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		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.)					
Nam Cand	e of didate	Bernstein, Cathy, , ,					
	didate / Affiliati	on REP Office Sought: * House Senate President	State NY District 10				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:  (National, State	Democratic,				
(d)			Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected 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.)					
Join	t Func	draising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political				
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	Δ						

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Write or Type Committee	Name	
Cathy Berns	tein for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY	TE ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of	the person in possession of committee
Jung Full Name	, Bryan, , ,	
Mailing Address	299 Pearl Street	
3	Apt 1C	
	New York N	Y 10038
Title or Position	CITY STAT	E ZIP CODE
Treasurer	Telephone number	917 974 - 3082
	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	nittee; and the name and address of
Full Name Jung of Treasurer	Bryan, , ,	
Mailing Address	299 Pearl Street	
	Apt 1C	
	New York	
Title or Position , Treasurer	CITY STAT	E ZIP CODE
	Telephone number	

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Full Name of Designated Agent						
Mailing Address						
	CITY STATE ZIE	P CODE				
Title or Position						
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.						
Mailing Address	TD Bank					
J						
	New York 10023					
	CITY STATE ZI	P CODE				
Name of Bank,	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				

## : 97 A = G7 9 @ G B9 C I G H9 L H F 9 @ 5 H9 8 HC 5 F 9 D C F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

I had filed a FEC 2 Report in September 2019. I am expecting to raise money in 2020 and so I filled out this form, FEC 1. Thank you for your time. Best, Cathy

Form/Schedule: Transaction ID: