STATEMENT OF

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FEC FORM 1			PRGAN										Office	. I laa	Only			
1. NAME OF			(Check if nam	Δ	Example	a·If typi	ina tv	ne		4-			Office	Use	Only			
COMMITTEE (in	full)		is changed)		over the		iiig, ty	pe		2F	E4N	15		_				
Draft Chris	Murph	ny 20	20	1 1 1	1 1	1 1	l l	1 1	1 1	ı	1 1	ı	1 1	ı	1 1	ı	1 1	, I
		.785 Pai	rk Ave															Ш.
ADDRESS (number a	,																	
(Check if a is changed																		
		Albany			1 1					NY		1	2208	I	, I	-		₁ [
		(CITY A						5	STATI	A				ZIP	COD	E.	
COMMITTEE'S E-MA	AIL ADDRE	SS																
(Check if a		ReyM	unizIII@gma	il.com														
is changed	i)	0 .:																
		Optiona	I Second E-Ma	ail Addres	SS	1 1	l I	1 1	1 1	1	1 1	ı	1 1	1	1 1	ı	1 1	. 1
COMMITTEE'S WEB (Check if a is changed	address	DRESS (U	JRL)		1 1	1 1												
2. DATE 12		D / Y	2016															
3. FEC IDENTIFIC	CATION NU	JMBER	C	C0062	29733													
4. IS THIS STATEN	MENT X	NEV	V (N) O	R		AMEN	NDED	(A)										
certify that I have e	examined th	nis Statem	nent and to the	best of i	my knov	vledge	and b	elief i	t is t	rue,	corre	ect a	nd co	omple	ete.			
Type or Print Name	of Treasure	r Muniz,	Rey, , , III															
Signature of Treasure	er <i>Muniz</i>	z, Rey, , , III	r 		[Eld	ectronica	ılly File	ed]	Da	te	M	12	/	08	_ ′		y 2016	YY
NOTE: Submission of			complete inform										ne pe	naltie	s of	2 U.S	i.C. §	437g.
Office Use Only					Fed Toll	further leral Elec Free 80 al 202-6	ction Co 0-424-9	ommiss 9530		ct:						RM 6/201		

Local 202-694-1100

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	COMMITTEE e 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. (Compinformation below.)	lete the candidate
Name of Candidate	Muniz, Rey, , , III	
Candidate Party Affilia	tion Office Sought: House Senate President	State
(c) x	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		>ti-
(d)	, ,	Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	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 seg committee. (i.e., nonconnected committee)	regated 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 Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political
(h)	committees/organizations, at least one of which is an authorized committee of a federal candidate. 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
Con	nmittees 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 Na		
Draft Chris Mu	urphy 2020	
	d Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
Mailing Address		
Mailing Address		
		1
	CITY STATE	ZIP CODE
	cted Organization Affiliated Committee Joint Fundraising Representat	
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the pe	rson in possession of committee
Muniz,	Rey, , , III	
Mailing Address	785 Park Ave	
Mailing Address		
	Albany	12208
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.c.	and address (phone number optional) of the treasurer of the committee; g., assistant treasurer).	and the name and address of
Full Name Muniz, of Treasurer	Rey, , , III	
Mailing Address	785 Park Ave	
	Albany	12208
Title or Position	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	1.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE 2	ZIP CODE
Title or Position	Telephone number	
	oxes or maintains funds.	
Name of Bank, I	Depository, etc.	
Name of Bank, I	SEFCU ,110 State St	
	SEFCU ,110 State St	
	SEFCU 110 State St Albany NY 12208	ZIP CODE
	SEFCU 110 State St Albany CITY STATE	ZIP CODE
Mailing Address	SEFCU 110 State St Albany CITY STATE	
Mailing Address	SEFCU 110 State St Albany CITY STATE Depository, etc.	
Mailing Address Name of Bank, I	SEFCU 110 State St Albany CITY STATE Depository, etc.	
Mailing Address Name of Bank, I	SEFCU 110 State St Albany CITY STATE Depository, etc.	