

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

IWACHIW4PRESIDENT llc

ADDRESS (number and street)

48 35 41 st street

(Check if address is changed)

Sunnyside

CITY ▲

NY

STATE ▲

11104

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

iwachiw4president@yahoo.com

Optional Second E-Mail Address

iwachiw4presidentmedia@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

iwachiw4president.info

2. DATE

12 21 1955

3. FEC IDENTIFICATION NUMBER ▶

C

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

Walter Iwachiw

Signature of Treasurer

Date

12 12 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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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)

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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

Candidate Party Affiliation  Office Sought:  House  Senate  President  State  District

- (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
2.  FEC ID number
3.  FEC ID number
4.  FEC ID number

20110111 10:00:00 AM

Write or Type Committee Name

iwachiw4president llc

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

walter iwachiw

Mailing Address

48 35 41 st Street

Sunnyside

ny

11104

Title or Position

CITY

STATE

ZIP CODE

custodian of records

Telephone number

347

239

0965

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

walter iwachiw

Mailing Address

48 35 41 st Street

sunnyside

ny

11104

Title or Position

CITY

STATE

ZIP CODE

treasurer

Telephone number

347

239

0965

2011 JUN 08 12:12:11 PM 00000004

Full Name of Designated Agent | walter iwachiw

Mailing Address | 48 35 41 st Street

| Sunnyside | ny | 11104 | - |  
CITY STATE ZIP CODE

Title or Position | agent | Telephone number | 347 239.0965 | - |

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.

| T D Bank

Mailing Address

| 41- 01 Queens Blvd

| Sunnyside | NY | 11104 | - |  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

|

Mailing Address

|

| | | - |  
CITY STATE ZIP CODE

NONUNIONED

W I  
48-35 41 St  
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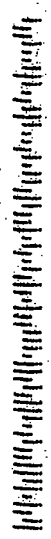
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Washington DC 20463

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Federal Election Commission  
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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 JD 12/22/15  
 (3/2015) DATE PREPARED

NON-FUNCTIONAL INFORMATION