Image# 201805319113629718			_	PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
				ice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Americans For .	loe Ciardullo			
ADDRESS (number and street)	PO Box 318			
(Check if address				
is changed)	New City		NY , 109	56
			STATE ▲	
COMMITTEE'S E-MAIL ADDF				
(Check if address is changed)	noslow6@optonline.ne			
	Optional Second E-Mail Ad	dress		
	pattyc21@optonline.	net		
(Check if address is changed)				
	23 <sup>7</sup> Y Y Y Y 2018			
3. FEC IDENTIFICATION	NUMBER ► C c	00679936		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
Type or Print Name of Treasu	rer Ciardullo, Joseph, John, ,			
Signature of Treasurer	ırdullo, Joseph, John, ,	[Electronically Filed]	Date 05	<sup>2</sup> 31 <sup>7</sup> 2018
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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	FE	C Fo	rm 1 (Revised 02/2009)	Page <b>2</b>	
5.			OMMITTEE		
	Cand	idate	e Committee:		
	(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	1	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	Name of Ciardullo, Joseph, John, ,				
	Candid Party A		on REF Office Sought: X House Senate President	State NY District 17	
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name of Candid				
	Party	Com	nmittee:		
	(d)			(Democratic, Republican, etc.) Party.	
	Politio	cal A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	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.)		
Joint Fundraising 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.	vo or more political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
	Committees Participating in Joint Fundraiser				
		1.	FEC ID number		
		2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

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Write or Type Committee Name

## Americans For Joe Ciardullo

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	fy by name, address (phone number op	ional) and position of the p	person in possession of committee
Ciardullo, J Full Name	oseph, John, ,		
Mailing Address	41 Goebel Road		
	New City	NY	10956
Title or Position	CITY	STATE	ZIP CODE
Candidate		Telephone number	914 - 760 - 5137

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	Ciardullo, Joseph, John, ,
of Treasurer	
Mailing Address	41 Goebel Road
	New City         10956         - <t< td=""></t<>
	CITY STATE ZIP CODE
Title or Position Candidate	Telephone number     914     760     5137

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Full Name of Designated C Agent	rdullo, Patricia, B, ,
Mailing Address	41 Goebel Road
	New City
	CITY STATE ZIP CODE
Title or Position Assistant Treasurer	Telephone number     845     -     590     -     6268

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.

TD Bai	nk		
Mailing Address	275 S Main St.		
	New City	NY	10956
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE