Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mets are a Good Team Committee P.O. Box 103 ADDRESS (number and street) (Check if address is changed) Goldens Bridge 10526 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BennyBoy150739@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) metsareagoodteam.com (Check if address is changed) DATE 2018 C00688705 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Dayal, Arjun, , , Type or Print Name of Treasurer Dayal, Arjun, , , [Electronically Filed] 10 23 2018 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	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. (Compinformation below.)	plete the candidate
	ne of didate		
	didate y Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	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.	
(5)		_	areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising 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.	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	
	4.		

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Write or Type Comn	nittee Name	
Mets are a	a Good Team Committee	
6. Name of Any Co	onnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersl	nip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in posits.	session of committee
Full Name	Dayal, Arjun, , ,	
Mailing Address	209 Bedford Road	
	Greenwich CT 06831	
Title or Position	CITY STATE	ZIP CODE
Board Member	Telephone number 203 –	233 2587
3. Treasurer: List the any designated ac	ne name and address (phone number optional) of the treasurer of the committee; and the nar gent (e.g., assistant treasurer).	ne and address of
Full Name of Treasurer	Dayal, Arjun, , ,	
Mailing Address	209 Bedford Road	
	Greenwich CT 06831	
Title or Position Board Member		ZIP CODE 233 - 2587

FEC For n	n 1 (Revised 02/2009)	Page 4
Full Name of Designated	Aybar, Ben, , ,	
Agent	P.O. Box 103	
Mailing Address	P.O. BOX 103	
	Goldens Bridge	
	CITY STATE	ZIP CODE
Title or Position Chairman		
	Telephone number	
Name of Bank, I	oxes or maintains funds. Depository, etc. Wells Fargo Bank	, , , , , , , , , 1
Mailing Address	262 Katonah Avenue	
-		
	Katonah NY 10536	-
	CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.	
	I	
Mailing Address		
		<u></u>

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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I	1	FEC ID number	С
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2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected Or	ganization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spor
<u> </u>			
Mailing Address			
l			
ļ			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify by	y name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify by Aybar, Ben, Full Name	y name, address (phone number – optional)	Int Fundraising Represent	Leadersnip PAC S
esignated Agent: Identify by Aybar, Ben,	y name, address (phone number – optional)	Int Fundraising Represent	Leadersnip PAC S
esignated Agent: Identify by Aybar, Ben, Full Name	y name, address (phone number – optional) , , P.O. Box 103		
esignated Agent: Identify by Aybar, Ben, Full Name	y name, address (phone number – optional)	Int Fundraising Representation	Leadership PAC S
esignated Agent: Identify by Aybar, Ben, Full Name Mailing Address	y name, address (phone number – optional) ,, P.O. Box 103 Goldens Bridge		
esignated Agent: Identify by Aybar, Ben, Full Name Mailing Address	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY	NY	10526
Aybar, Ben, Full Name	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY s: List all banks or other depositories in whice	NY STATE Telephone Number	10526 ZIP CODE A
Aybar, Ben, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositories aftery deposit boxes or maint	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY s: List all banks or other depositories in whice	NY STATE Telephone Number	10526 ZIP CODE A
Aybar, Ben, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositories afety deposit boxes or maint ame of Bank,	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY s: List all banks or other depositories in whice	NY STATE Telephone Number	10526 ZIP CODE A
Aybar, Ben, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Assistant Treasurer Assistant Depositories After Manual Assistant Depositories Assistant Depositories And Assistan	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY s: List all banks or other depositories in whice	NY STATE Telephone Number	10526 ZIP CODE A
Aybar, Ben, Full Name Mailing Address TITLE OR POSITION Assistant Treasurer Anks or Other Depositories afety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) , , P.O. Box 103 Goldens Bridge CITY s: List all banks or other depositories in whice	NY STATE Telephone Number	10526 ZIP CODE A