**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Schumer 192 Lexington Avenue ADDRESS (number and street) **Suite 1001** (Check if address is changed) New York 10016 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address nkutryb@chuckschumer.com is changed) Optional Second E-Mail Address cjgrover@vlpc.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.chuckschumer.com (Check if address is changed) DATE 2025 C00346312 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. Type or Print Name of Treasurer Dimas, Constantine,, Dimas, Constantine, , , Date 09 16 2025 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate inform	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign com information below.)	mittee. (Complete the candidate
Name of Candidate Schumer, Charles, E., ,	<u> </u>
Candidate Party Affiliation  DEM  Office Sought:  House  Senate	State NY President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized c	ommittee.
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 committee. (i.e., nonconnected committee)	separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line	e 6.)
(g) This committee is an independent expenditure-only political committee (Super PAC)	).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a fe	
(j) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal committee.	•
Committees Participating in Joint Fundraiser	
1.	С
	( '

I	FEC Form 1 (Revised	02/2009)		Page <b>3</b>
٧	Vrite or Type Committee Name			
_	Friends of Schu			
6.	Schumer Majority Co	Organization, Affiliated Committee, Joint	Fundraising Representati	ive, or Leadership PAC Sponsor
	Mailing Address	600 Pennsylvania Ave, SE		
		Suite 15180		
		Washington	DC	20003
		CITY A	STATE	▲ ZIP CODE ▲
	Deletionship. Connected		_	
	Relationship: Connected	Organization Affiliated Organization	X Joint Fundraising Repres	Leadership PAC Sponso
_				
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number op	tional) and position of the pe	rson in possession of committee
	D' 0	and and the		
	Full Name	onstantine, , ,		
	Mailing Address	192 Lexington Ave.		
	Ü	Suite 1001		
		New York	, NY	10016
		0.574		
	Title or Position ▼	CITY ▲	STATE	▲ ZIP CODE ▲
	Treasurer			212     532     2266
			Telephone number	
<del></del>	Treasurer: List the name ar	nd address (phone number optional) of	the treasurer of the commi	ttee; and the name and address of
	any designated agent (e.g.,			
		onstantine, , ,		
	of Treasurer			
	Mailing Address	192 Lexington Ave.		
		Suite 1001		
		New York	NY	10016
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼	2	<u>-</u>	
	Treasurer		Telephone number	212 - 532 - 2266

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
		]
	Depositories: List all banks or other depositories in which the committee deposits funds xes or maintains funds.	, holds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address	1825 K St, NW	
	Washington DC 20	0003
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Janney Montgomery Scott, LLC	
Mailing Address	1717 Arch Street	
	Philadelphia PA 15	9103
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b> r	ig i articipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC S
	d Organization Affiliated Committee		ative Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif			Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional		Leadership PAC S
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional		
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Stifel,	y by name, address (phone number – optional  CITY   ries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional  CITY   CITY   ries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (phone number – optional  CITY   CITY   ries: List all banks or other depositories in whaintains funds.  Nicolaus & Company  1 Financial Plaza	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. Stifel,	y by name, address (phone number – optional  CITY   CITY   ries: List all banks or other depositories in whaintains funds.  Nicolaus & Company	STATE A Telephone Number	ZIP CODE A