| FEC FORM 1 | STATEMEN ORGANIZA | | Office | PAGE 1 / 4 |
|---|---|---|------------------------|--------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Friends of Ray I | _insenmayer | | | |
| | PO Box 512 | | | |
| ADDRESS (number and street) | | | | |
| (Check if address is changed) | | | | |
| U , | Wexford | | PA 15190 |) |
| | CITY ▲ | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL ADDI | RESS | | | |
| (Check if address is changed) | raymond@linsenmayer. | org | | |
| 5, | Optional Second E-Mail Add | ress | | |
| | | | | |
| (Check if address is changed) | http://www.rayforpa.com | | | |
| 2. DATE 11 | 20 / Y Y Y Y 20 2017 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C CO | 0661066 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined | this Statement and to the best of | of my knowledge and belief it | is true, correct and c | omplete. |
| Type or Print Name of Treasu | Irer Hamburger, David, , , | | | |
| Signature of Treasurer | mburger, David, , , | [Electronically Filed] | Date | D D / Y Y Y Y 20 2017 |
| NOTE: Submission of false, err | oneous, or incomplete information n ANY CHANGE IN INFORMATIC | | | enalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | ion F | EC FORM 1 (Revised 06/2012) |

| - | | | _ |
|--------------|-----------------------|---|--|
| F | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
| | | OMMITTEE | |
| Can | 1.00 | Committee: | |
| (a) | × | This committee is a principal campaign committee. (Complete the candidate information below | <i>I</i> .) |
| (b) | | This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.) | mplete the candidate |
| Name Cand | e of didate | Linsenmayer, Raymond, , , | |
| | didate / Affiliati | on DEM Office Sought: X House Senate President | State |
| - | | | District 12 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Part | ty Con | imittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Part |
| Poli | tical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co | onnected 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 s committee. (i.e., nonconnected committee) | segregated fund or part |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Func | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate. | two or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | EC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |
| | | | |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Friends of Ray Linsenmayer

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 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.

| Hamburge | r, David, , , |
|---------------------|---|
| Full Name | |
| Mailing Address | 1266 Windermere Drive |
| | |
| | Pittsburgh PA 15218 Image: PA Image: PA Image: PA |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer/Custodian | Telephone number |

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 Hambu of Treasurer | urger, David, , , |
|--|---|
| Mailing Address | 1266 Windermere Drive |
| | |
| | Pittsburgh PA 15218 |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer/Custodian | 1 1 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | ĺ | | | | | | | | | | | | | | | | | 1 | | |
|-------------------------------------|--|--|--|--|--|---|--|-----|---|--|--|------|-----|------|------|-----|-----|-----|--|---|--|----|-----|-----|----|---|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | 1 | | | | | | | | | | | L | | | L | | | 1 | | | 1 | |
| | | | | | | | | CIT | Y | | | | | | | | ST | ATE | | | | ZI | р С | COD | θE | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tele | eph | ione | e ni | uml | ber | | | | | | | | | | |

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.

| Citizen | s Bank | | |
|---------------------------|--------------------|----------|----------|
| Mailing Address | 9805 McKnight Road | | |
| | | | |
| | Pittsburgh | PA 15237 | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |