HAND DELIVERED

STATEMENT OF **ORGANIZATION**

RECEIVED

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FORM 1						onte ties and IL CENTE
1. NAME OF COMMITTEE (in	full)	(Check if nar		ample:If typing, type er the lines.	12FE4M	industria de la principa del la principa de la principa del la principa de la principa del la principa de la principa del
At the Tabl	e!		1 1 1 1	<u> </u>	<u> </u>	
		<u> </u>		<u> </u>	1 1 1 1	
ADDRESS (number a	nd street)	49-04 43rd	l Ave			
(Check if ac is changed)		Woodside			NY	11377
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	S (Please provide only		•		
(Check if	addross	ijanica@po	<u>.msllc.</u>	çom 👝 👝	1 1 1 1	
is change			1 1 1 1		_1_1_1_1	1 1 1 1 1 1 1 1 1 1 1
		tin talah			e es e	
COMMITTEE'S WEB	PAGE ADD	K i	** *		· · · · · ·	
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2. DATE	7 / a.2	2013	is engantsangintum	nei jeneny y sapap diapanek jiyotaanakan madii		
3. FEC IDENTIFIC	CATION NU	MBER		r II II		·
4. IS THIS STATE	MENT 🔀	NEW (N)	OR [AMENDED (A)		
I certify that I have e	examined thi	is Statement and to th	ne best of my	knowledge and belief	it is true, corre	ect and complete.
Type or Print Name	of Treasurer	Sammy J	. Kye			·
Signature of Treasure	er <u> </u>	Ju	'M		Date	1 35 2013
NOTE: Submission of			•	ubject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FI	EC For	rm 1 (Revised 02/2009)	Page 2			
*		OMMITTEE				
Cano	didate	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 Çandi						
Candid Party	date Affiliatio	Office Sought: House Senate President	State District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candid	-		!!!!!!!			
Party	/ Com	mittee:				
(d)			Democratic, Republican, etc.) Party.			
Politi	ical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected organization is a:			
		Corporation W/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	\boxtimes	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party			
		In addition, this committee is a Lebbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	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.	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.					
	2.	FEC ID number C				
	3.	FEC ID number				
	4.		orride undersed secondaring			

FEC Form 1 (Revise		Page 3
Write or Type Committee Na	me	
At the Table!		
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
Grace Meng		
Mailing Address	[49-04 43rd Ave	
	Wqodside	'i 1,1377, - , , ,
	CITY STATE	E ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of th	ne person in possession of committee
Full Name Janie	ça Kyriacopoulos	
Tan Hamo	1050 17th St NW Ste 590	
Mailing Address		
	Washington DC	1 120036 1_1
	[1/30:11/9/0:]	
Title or Position	CITY STATE	ZIP CODE
Asst. Treasurer	Telephone number	[202] - [628] - [1580]
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the commit., assistant treasurer).	ttee; and the name and address of
Full Name Sam	ımy J. Kye	
Mailing Address	49-04 43rd Ave	
	Woodside	<u>'</u>
Title on Deciving	CITY STATE	ŽIP CODE
Title or Position	Telephone number	212 - 231 - 9753

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit box Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, houses or maintains funds. Bepository, etc.	olds accounts, rents
	Bank,of America	
Mailing Address	888 17th St NW	
	[Washington], , , , , , , , , , , , , , , , , , ,	
	CITY STATE	ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY STATE	ZIP CODE

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PREPARER	DATE PREPARED		
(8/2013)			