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| FEC FORM 1 | | STATEMEN ORGANIZA | | | Office Use Only |
|--|----------------|---|---|--------------------|----------------------------------|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Golden for | Conar | | | | |
| | | | | | |
| | | | | | |
| ADDRESS (number an | nd street) | PO Box 74 | | | |
| (Check if a is changed | ddress | | | | |
| | / | Ithaca | | NY | 14851 |
| | | CITY A | | STATE ▲ | ZIP CODE A |
| COMMITTEE'S E-MA | IL ADDRE | SS | | | |
| (Check if a is changed | | brian@goldenforcongre | ss.com | | |
| is changed |) | Optional Second E-Mail Add | ress | | |
| | | | | | |
| (Check if a is changed | | https://goldenforcongress.com/ | | | |
| 2. DATE 12 | | 2 / Y Y Y Y 2017 | | | |
| 3. FEC IDENTIFIC | ATION NU | JMBER ► C CO | 0649285 | | |
| 4. IS THIS STATEM | 1ENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have e | xamined th | nis Statement and to the best | of my knowledge and belief i | t is true, correct | and complete. |
| Type or Print Name of | of Treasure | r Golden, Ian, , , | | | |
| Signature of Treasure | r <i>Golde</i> | en, Ian, , , | [Electronically Filed] | Date 12 | |
| NOTE: Submission of t | alse, errone | eous, or incomplete information r ANY CHANGE IN INFORMATIC | | | the 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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| EC Fo | rm 1 (Revised 02/2009) Page 2 | |
|---------------------|--|---|
| E OF C | OMMITTEE | |
| didate | e Committee: | |
| × | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | |
| e of lidate | Golden, Ian, , , | |
| lidate Affiliati | 23 |] |
| | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| e of lidate | | |
| y Con | | |
| | This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party | y. |
| tical A | ction Committee (PAC): | |
| | 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. | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee) | y |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| t Fund | Iraising Representative: | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate. | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate. | |
| Com | mittees Participating in Joint Fundraiser | |
| 1. | FEC ID number |] |
| 2. | FEC ID number |] |
| 3. | FEC ID number | |
| 4. | FEC ID number |] |
| | Com 1. 2. 3. | COF COMMITTEE didate Committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Golden, Ian, , , didate PEM Office O |

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Golden for Congress

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

| N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----|---------------------------------------|---------|--------|---------|-------|------|--------|------|------|-----|------|---|----|-------|-------|-------|-------|-------|------|-------|------|-------|-----|------|-----|-----|------|-----|-----|-----|------|------|
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| | Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | CI | ΤY | | | | | | | | | | S | TAT | Е | | | | | Z | IP (| COI | DE | | | |
| | Relationship: | Connect | ed C | rganiz | ation | | Affili | ated | Con | nmi | ttee | |]. | Join | t Fu | Indra | aisiı | ng I | Rep | ores | sent | tativ | ve | | Le | ead | ersl | nip | PA | c s | por | isor |
| 7. | Custodian of Rec books and records | | entify | y by na | ame, | addr | ess | (pho | ne i | านท | ıber | | op | tiona | al) a | and | pos | sitic | on d | of tl | ne | per | sor | ı in | ро | sse | essi | on | of | con | nmit | tee |
| | | Golden, | lan, | ,, | | | | | | | | 1 | | | | | | | | | | | | | | | | | | | | . 1 |
| | Full Name | | . F | PO Box | . 74 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mailing Address | | Ľ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | L | | | | | | | | Í | | | | | | | | | | | | | | | | | | | | | |
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| Full Name | |
|-------------------|---|
| Mailing Address | PO Box 74 |
| | |
| | Ithaca NY 14851 Image: NY Image: NY Image: NY |
| Title or Position | CITY STATE ZIP CODE |
| Candidate | Image: Telephone number Image: 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 of Treasurer | Golden, Ian, , , |
|--------------------------------|---|
| Mailing Address | PO Box 74 |
| | |
| | Ithaca NY 14851 - <th< td=""></th<> |
| | CITY STATE ZIP CODE |
| Title or Position Candidate | Image: Telephone number Image: Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------------|------|--|--|--|--|--|--|--|--|--|-------|--|--|--|------|-----|-----|-----|----|----------|--|---|--|---|----------|--|--|--|---|--|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | CITY | | | | | | | | | | STATE | | | | | | | | | ZIP CODE | | | | | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | Tele | eph | one | e n | um | ber | | L | | | - [_ | | | | | | | |

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.

| Amalg | amated Bank | | |
|---------------------------|---------------------------------------|-------|-----------|
| Mailing Address | 1825 K St NW | | |
| | | | |
| | Washington | | 20006 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | ^{etc.} kins Trust Company | | |
| | PO Box 460 | | |
| Mailing Address | | | |
| | | | |
| | Ithaca | NY | 14851 |
| | | | |