## 0

**FEC** 

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## STATEMENT OF

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**ORGANIZATION** 2013 DEC 11 AM 7:41 FORM 1 NAME OF Example:If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Walrond for Congress ADDRESS (number and street) (Check if address is changed) lew York 10030 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) walrondforcongress@gmail.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) www.walrondforcongress.com (Check if address is changed) 12' 4 2013 DATE c 00552356 FEC IDENTIFICATION NUMBER IS THIS STATEMENT NEW (N) OR 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. Torian J. Robinson Type or Print Name of Treasurer Signature of Treasurer 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

(Revised 02/2009)

Toll Free 800-424-9530

Local 202-694-1100

|    | F              | EC Fo              | orm 1 (Revised 02/2009)   | Page 2                           |  |  |  |  |  |  |  |  |  |
|----|----------------|--------------------|---|----------------------------------|--|--|--|--|--|--|--|--|--|
| 5. |                |                    | COMMITTEE<br>e Committee:   |                                  |  |  |  |  |  |  |  |  |  |
|    | (a)            |                    | This committee is a principal campaign committee (Complete the candidate information below.)  | ٠                                |  |  |  |  |  |  |  |  |  |
|    | (b) .          |                    | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)   | the candidate                    |  |  |  |  |  |  |  |  |  |
|    | Name<br>Candi  |                    |   |                                  |  |  |  |  |  |  |  |  |  |
|    | Candi<br>Party | idate<br>Affiliati | ion Sought: House Senate President  | State District                   |  |  |  |  |  |  |  |  |  |
|    | (c)            |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                                  |  |  |  |  |  |  |  |  |  |
|    | Name<br>Candi  |                    |   |                                  |  |  |  |  |  |  |  |  |  |
|    | Part           | y Con              | mmittee:  |                                  |  |  |  |  |  |  |  |  |  |
|    | (d)            |                    |   | ocratic,<br>blican, etc.) Party. |  |  |  |  |  |  |  |  |  |
|    | Polit          | ical A             | Action Committee (PAC):   |                                  |  |  |  |  |  |  |  |  |  |
| ٠. | (e)            |                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected  | d organization is a              |  |  |  |  |  |  |  |  |  |
|    |                |                    | Corporation W/o Capital Stock   | or Organization                  |  |  |  |  |  |  |  |  |  |
|    |                | ·                  | Membership Organization Trade Association Cod   | pperative                        |  |  |  |  |  |  |  |  |  |
|    |                |                    | In addition, this committee is a Lobbyist/Registrant PAC.   | •                                |  |  |  |  |  |  |  |  |  |
|    | (f)            |                    | This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)  | ited fund or party               |  |  |  |  |  |  |  |  |  |
|    |                |                    | In addition, this committee is a Labbyist/Registrant PAC.   |                                  |  |  |  |  |  |  |  |  |  |
|    |                |                    | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |                                  |  |  |  |  |  |  |  |  |  |
|    | Joint          | Fund               | draising Representative:  |                                  |  |  |  |  |  |  |  |  |  |
|    | (g)            |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | nore political                   |  |  |  |  |  |  |  |  |  |
|    | (h)            |                    | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.       | nore political                   |  |  |  |  |  |  |  |  |  |
|    |                |                    |   |                                  |  |  |  |  |  |  |  |  |  |
|    |                | Com                | nmittees Participating in Joint Fundraiser  |                                  |  |  |  |  |  |  |  |  |  |
|    |                | 1.                 | FEC ID number C   |                                  |  |  |  |  |  |  |  |  |  |
|    |                | 2.                 | FEC ID number C   |                                  |  |  |  |  |  |  |  |  |  |
|    | •              | 3.                 | FEC ID number   |                                  |  |  |  |  |  |  |  |  |  |
|    |                | 4.                 | FEC ID number C   |                                  |  |  |  |  |  |  |  |  |  |

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| FEC FOITH, I (Nevise  | 02/2009)   |   |                      | rage <b>o</b>                                |
|---|--|---|----------------------|--|
| Write or Type Committee Na  | ne   |   |                      |  |
| Walrond for Co  | ngress   |   |                      |  |
| 6. Name of Any Connected  | Organization, Affiliated Committ                       | ee, Joint Fundraising Rep                         | resentative, or Lead | lership PAC Sponsor                          |
|   |  |   | 1 1 1 1 1 1          |  |
|   |  | <u>,                                     </u>     |                      |  |
|   |  |   |                      |  |
| Mailing Address   |  |   |                      |  |
| •   |  |   |                      |  |
|   | <del></del>  |   | 1,11.                | <b>]_]</b>                                   |
|   | CITY   | <u></u>   | STATE                | ZIP CODE                                     |
|   |  |   | · · · ·              | 1  |
| Relationship: Connec  | ed Organization Affiliated Comr                        | mitteeJoint Fundraising                           | Representative       | Leadership PAC Sponsor                       |
|   |  |   |                      | .,,.,,.,.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,      |
| <ol> <li>Custodian of Records: lo<br/>books and records.</li> </ol> | entify by name, address (phone nu                      | ımber optional) and posit                         | ion of the person in | possession of committee                      |
|   |  |   |                      |  |
| Full Name   |  |   |                      | <u> </u>                                     |
| Mailing Address   |  | <u> </u>  |                      | 1 1 1 1 1 1 1 1                              |
| -   | 1  |   |                      |  |
|   |  |   | 1 . 1 1 .            |  |
|   |  |   |                      |  |
| Title or Position   | CITY   |   | STATE                | ZIP CODE                                     |
| 1   |  | Telephone nur                                     | mber   ;    -        |  |
| <u>.                                    </u>                        |  | i ciepione nui                                    |                      |  |
| Treasurer: List the name any designated agent (e.g.)                | and address (phone number option assistant treasurer). | onal) of the treasurer of the                     | e committee; and the | e name and address of                        |
| Full Name   |  |   |                      |  |
| of Treasurer  |  |   |                      |  |
| Mailing Address   | · <u>                                    </u>          | <del>-                                     </del> | <u> </u>             | <u>                                     </u> |
|   |  |   | <u> </u>             | <u>                                     </u> |
| ·   |  |   | ليا ليــا            |  |
| Title or Position   | CITY   |   | STATE                | ZIP CODE                                     |
|   |  | Telephone nur                                     | nber <u>[646</u> ]_  | 233 - 0143                                   |
| •   |  |   |                      |  |

|                                     | n 1 (Revised   |  |          |          |          |          | · · · · · · · · · · · · · · · · · · · |  |      |      | -         | Pa       | , -      |
|-------------------------------------|----------------|--|----------|----------|----------|----------|---------------------------------------|--|------|------|-----------|----------|----------|
|                                     |                |  |          |          |          |          |                                       |  |      |      |           |          |          |
| Full Name of<br>Designated<br>Agent |                |  | 111      |          | 111      |          |                                       |  |      | 1 1  |           | <u> </u> |          |
| Mailing Address                     |                | ــــــــــــــــــــــــــــــــــــــ | <u> </u> |          | <u> </u> | 111      |                                       |  |      | 111  |           | 111      |          |
|                                     |                |  |          |          | ·<br>    |          |                                       |  |      |      | 1         | للللل    |          |
|                                     |                | <u> </u>                               | <u> </u> | CITY     |          | <u> </u> | <u> </u>                              | ]  <br>rs  | TATE |      | l I<br>ZI | - CODE   | <u> </u> |
| Title or Position                   |                |  |          |          |          |          |                                       |  |      |      |           |          |          |
|                                     |                |  |          |          |          | Te       | lephone                               | numbe  | r L  | السن |           | ا-لــ    | لـلـنـ   |
|                                     |                |  |          |          |          |          |                                       |  |      |      |           |          |          |
|                                     | oxes or maint  |  |          |          |          |          |                                       |  |      |      |           |          |          |
| Name of Bank,                       |                |  |          | <u> </u> | _        | <u> </u> |                                       | ·<br>1————————————————————————————————————                         |      |      |           | <u> </u> | <u> </u> |
| Name of Bank, I                     |                |  |          |          |          |          |                                       | <u>.                                    </u>                       |      |      |           |          |          |
|                                     |                |  |          |          |          |          |                                       |  |      |      |           |          |          |
|                                     |                |  |          |          |          |          |                                       | `<br>   <br>   <br>  |      |      |           |          |          |
|                                     |                |  |          | CITY     |          |          |                                       | · · · · · · · · · · · · · · · · · · ·                              | TATE |      |           | P CODE   |          |
|                                     | Depository, et | c.                                     |          | CITY     |          |          |                                       | ·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>·<br>· | TATE |      | l_i       | P CODE   |          |
| Mailing Address                     | Depository, et | c.                                     |          | CITY     |          |          |                                       | J I  | TATE |      |           | P CODE   |          |
| Mailing Address  Name of Bank,      | Depository, et | c.                                     |          |          |          |          |                                       |  |      |      |           | 1 1 1    |          |
| Mailing Address                     | Depository, et | c.                                     |          |          |          |          |                                       |  |      |      |           | 1 1 1    |          |
| Mailing Address  Name of Bank,      | Depository, et | c.                                     |          |          |          |          |                                       |  |      |      |           | 1 1 1    |          |
| Mailing Address  Name of Bank,      | Depository, et | c.                                     |          |          |          |          |                                       |  |      |      |           | 1 1 1    |          |

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Federal Electron Committee 999 E Strat NW Washington, Oc 20463

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(8/2013)