

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Steve Schiffman For Congress 2016

ADDRESS (number and street) 9620 Grand Isle Lane

(Check if address is changed)

Las Vegas

CITY ▲

NV

STATE ▲

89144

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

democraciesq@aol.com

Optional Second E-Mail Address

wtolawyer@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.schiffmanforcongress.com

2. DATE 03 / 11 / 2016

3. FEC IDENTIFICATION NUMBER ▶ C C00611681

4. 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.

Type or Print Name of Treasurer Mr Larry Earl Garner

Signature of Treasurer Mr Larry Earl Garner

[Electronically Filed]

Date 04 / 06 / 2016

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 Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate Mr Steven Mitchell Schiffman

Candidate Party Affiliation DEM REP IND OTH

Office Sought: House Senate President

State AL AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NV NH NJ NM NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Steve Schiffman For Congress 2016

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

NONE

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.

Full Name Mr Steven Mitchell Schiffman

Mailing Address 9620 Grand Isle Lane

Las Vegas

NV

89144

Title or Position

CITY

STATE

ZIP CODE

Telephone number 702 - 562 - 0123

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 Mr Larry Earl Garner

Mailing Address 4406 Meanderwood Drive

Burtonsville

MD

20866

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 240 - 294 - 6970

Full Name of Designated Agent

Judith Markovitch Schiffman

Mailing Address

9620 Grand Isle Lane

Las Vegas

NV

89144

CITY

STATE

ZIP CODE

Title or Position

Telephone number

702

522

9998

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.

Ctiibank

Mailing Address

1501 Kings Hwy

Brooklyn

NY

11229

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

I am running for the Democratic nomination, Nevada Congressional District 3, primary election, June 14, 2016.

Form/Schedule:
Transaction ID: