FEC FORM 1		STATEME ORGANIZ		Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Hinman Str	aub P/	AC (State Stree	et Associates PA	C)	
		121 State Street			
ADDRESS (number ar					
is changed	1)	Albany CITY▲		NY 12207 STATE ▲	– – ZIP CODE▲
COMMITTEE'S E-MA		S			
(Check if a is changed		twildey@hinmanstrau	b.com		
-		Optional Second E-Mail A	ddress		
COMMITTEE'S WEB	address	RESS (URL)			
2. DATE 12	2 / D 13	2018			
3. FEC IDENTIFIC	CATION NU		C00360529		
4. IS THIS STATEM	IENT	NEW (N) OR	× AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the bes	st of my knowledge and belief i	t is true, correct and c	omplete.
Type or Print Name of	of Treasurer	Doolan, Sean, , ,			
Signature of Treasure	er Doolar	n, Sean, , ,	[Electronically Filed]	Date 12	13 / Y Y Y Y Y 2018
NOTE: Submission of t			n may subject the person signing TION SHOULD BE REPORTED V		enalties 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	ion F	EC FORM 1 (Revised 06/2012)

Image# 201812139143456908

12/13/2018 16 : 41

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate		-
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	FEC Fo	orm 1 (Revised 02/2009) Page 2
(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	TYPE OF C	COMMITTEE
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Office Candidate Office Party Affiliation State (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Image: Committee is a committee is a committee of the committee. Party Committee: (National, State or subordinate) committee of the committee. (Democratic, Republican, etc.) Part Political Action Committee (PAC): (National, State or subordinate) committee of the committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is corporation who Capital Stock is a coparaization is corporation in this committee is a Lobbyist/Registrant PAC. (f) This committee is a Lobbyist/Registrant PAC. (f) This committee is a Lobbyist/Registrant PAC. (f) In addition, this committee is a Lobbyist/Registrant PAC. (g) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) District In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) District In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) District In addition, this committee is a nuthorized committee of a federal candidate.	Candidate	e Committee:
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Candidate Candidate Party Affiliation Office Sought: House Senate President District	(b)	
Party Affiliation		
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committees/organizations, none of which is an authorized committee of a federal candidate.	(g)	
Committees Participating in Joint Fundraiser	(h)	
	Com	nmittees Participating in Joint Fundraiser
1 FEC ID number C	1.	FEC ID number
2 FEC ID number C	2.	FEC ID number
3. FEC ID number	3.	FEC ID number
4 FEC ID number C	4.	FEC ID number

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Hinman Straub PAC (State Street Associates PAC)

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

Hinman Straub, PC				
Mailing Address	121 State Street			
	albany CITY		NY 12207 	ZIP CODE
 Relationship: Connected 7. Custodian of Records: Ident books and records. 	Organization Affiliated Committee	Joint Fundraising		eadership PAC Sponsor
Doolan, Sea	an, , , 1 1 State Street 121 State Street Albany		NY 12207	
Title or Position	СІТҮ		STATE	ZIP CODE
		Telephone nun	nber	
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the ssistant treasurer).	e treasurer of the	committee; and the	name and address of
Full Name Doolan, Sea of Treasurer	an,,,			
Mailing Address	121 State Street			
	Albany CITY		NY 12207 STATE	
Title or Position		Telephone nurr	518	436 0751

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent		1									1					1														
Mailing Address																														
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Title or Position																														
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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.

TD Bar	nk			
Mailing Address	125 State Street			
	Albany		NY 12207	
	CITY	(STATE	ZIP CODE
Name of Bank, Depository, e	etc.			
Mailing Address				
	CITY	(STATE	ZIP CODE