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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Amanda Frankel for Congress 348 Coney Island Avenue ADDRESS (number and street) #013 (Check if address is changed) Brooklyn 11218 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS admin@amanda4congress.com (Check if address is changed) Optional Second E-Mail Address treasurer@amanda4congress.com COMMITTEE'S WEB PAGE ADDRESS (URL) amandafrankel.com (Check if address is changed) DATE 2019 C00702126 FEC IDENTIFICATION NUMBER > 3. X 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. Frankel, Amanda, , , Type or Print Name of Treasurer Frankel, Amanda, , , [Electronically Filed] 04 12 2019 Signature of Treasurer Date 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 Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE C	COMMITTEE	
Candid	ate 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. (Complinformation below.)	ete the candidate
Name of Candida	Frankel, Amanda, Pearl, ,	
Candida	DEM	State
Party Af	iation DEM Sought: X House Senate President	District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat		
Party (ommittee:	
(d)		Democratic, epublican, etc.) Party.
Politica	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected 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 segrecommittee. (i.e., nonconnected committee)	regated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
C	ommittees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3	FEC ID number	
4		

FEC Form 1 (Revised 0)	2/2009)	 Page 3
Write or Type Committee Name		<u> </u>
Amanda Franke	I for Congress	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
NONE		
<u> </u>		
Nation Address		
Mailing Address		
	CITY STATE	ZIP CODE
	Organization Affiliated Committee Joint Fundraising Representative ify by name, address (phone number optional) and position of the person	Leadership PAC Sponsor
books and records.	by name, dualess (phone names) optional, and position of the person	in possession of committee
Frankel, Am	nanda, , ,	
Mailing Address	514 Ocean Parkway	
maining y tautions	Apt 4M	
	Brooklyn NY 11	201
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	- 376 - 9989
. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and t ssistant treasurer).	the name and address of
Full Name Frankel, Am of Treasurer	nanda, , ,	
Mailing Address	514 Ocean Parkway	
	Apt 4M	
		201
Title or Position	CITY STATE	ZIP CODE

FEC Form 1 ((Revised 02/2009)		Page 4
Full Name of Designated O'N Agent	Malley, Brandon, , ,		
Mailing Address	805 Columbus Ave		
	10E		
	New York CITY	NY 1 STATE	10015 ZIP CODE
Title or Position Assistant Treasurer		phone number	<u> - </u>
safety deposit boxes Name of Bank, Depo		ne committee deposits fund	ds, holds accounts, rents
Mailing Address	275 Seventh Ave		
maining Auditess			
	New York	NY 1	10001
	CITY	STATE	ZIP CODE
Name of Bank, Depo	sitory, etc.		
L			
Mailing Address			

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

FEC ID number C 3.	h). Joint Fundraisin	g Participant:		
3. 4. FEC ID number C 4. And Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spotential PAC Spote A STATE A ZIP CODE A STATE A ZIP CODE A Signated Agent: Identify by name, address (phone number – optional) Rose, Ron, Full Name S37 Attantic Avenue Mailing Address S37 Attantic Avenue Apt B Brooklyn NY 11217 TITLE OR POSITION ▼ CITY A STATE A ZIP CODE A ZIP CODE A Sistant Treasurer2 Telephone Number — — — — — — — — — — — — — — — — — — —	1.		FEC ID number	C
At Belationship: City	2.		FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CONNECTED STATE A ZIP CODE ▲ STATE A ZIP CODE ▲ STATE A ZIP CODE ▲ Connected Organization Rose, Ron, , , Full Name Mailing Address STATE ▲ ZIP CODE ▲ ZIP CO	3.		FEC ID number	С
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC seignated Agent: Identify by name, address (phone number – optional) Rose, Ron.,. Full Name Apt B Brooklyn NY 11217 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Assistant Treasurer2 Telephone Number — — — — — — — — — — — — — — — — — — —	4.		FEC ID number	С
Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Rose, Ron, , , Full Name Mailing Address Apt B Brooklyn Apt B Brooklyn Assistant Treasurer2 TITLE OR POSITION CITY STATE ZIP CODE Assistant Treasurer2 Telephone Number Telephone Number Assistant Treasurer2 Telephone Number Telephone Number Anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, relately deposit boxes or maintains funds.	ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representat	ive, or Leadership PAC Spor
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Rose, Ron, Full Name S37 Atlantic Avenue Mailing Address S73 Atlantic Avenue Apt B Brooklyn NY 11217 TITLE OR POSITION CITY A STATE A ZIP CODE A Assistant Treasurer2 Telephone Number — — — — — — — — — — — — — — — — — — —	<u> </u>			
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Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC assignated Agent: Identify by name, address (phone number – optional) Rose, Ron, , , Full Name Mailing Address State Title OR POSITION CITY STATE ZIP CODE Assistant Treasurer2 Telephone Number Telephone Number Telephone Number Telephone Stanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, refety deposit boxes or maintains funds.				
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Brooklyn CITY STATE ZIP CODE Assistant Treasurer2 Telephone Number Title or Positories: List all banks or other depositories in which the committee deposits funds, holds accounts, restety deposit boxes or maintains funds. Title or Position Title or Position Telephone Number Telephone Number Telephone Number Telephone Number	esignated Agent: Identify Rose, Ro Full Name	by name, address (phone number – optiona		ntative Leadership PAC S
TITLE OR POSITION Assistant Treasurer2 Telephone Number	esignated Agent: Identify Rose, Ro Full Name	by name, address (phone number – optional n, , ,		Leadership PAC S
Assistant Treasurer2 Telephone Number _	esignated Agent: Identify Rose, Ro Full Name	by name, address (phone number – optionan, , , , 537 Atlantic Avenue Apt B	al)	
Telephone Number Telephone Num	esignated Agent: Identify Rose, Ro Full Name	by name, address (phone number – optional n, , , , , , , , , , , , , , , , , , ,	al)	11217
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identify Rose, Ro Full Name Mailing Address	by name, address (phone number – optional n, , , , , , , , , , , , , , , , , , ,	al)	11217
epository, etc.	esignated Agent: Identify Rose, Ro Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional n, , , , , , , , , , , , , , , , , , ,	al) NY STATE A	11217
Mailing Address	Rose, Ro Full Name	by name, address (phone number – optional n, , , 537 Atlantic Avenue Apt B Brooklyn CITY ies: List all banks or other depositories in w	NY STATE Telephone Number	11217 ZIP CODE A
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	Rose, Ro Full Name Mailing Address TITLE OR POSITION Assistant Treasurer2 anks or Other Depositor affety deposit boxes or ma	by name, address (phone number – optional n, , , 537 Atlantic Avenue Apt B Brooklyn CITY ies: List all banks or other depositories in w	NY STATE Telephone Number	11217 ZIP CODE A