Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Common Sense New York PO Box 15320 ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address csny@nextlevelpartners.net is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00877191 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Heck, Paul, , 04 26 2024 Signature of Treasurer Heck, Paul, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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	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					
	Candidate Party Affiliation Office Sought: House Senate President	State				
	(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 Republican,					
	Political Action Committee (PAC):					
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:				
	Corporation Corporation w/o Capital Stock Labor Or	ganization				
	Membership Organization Trade Association Cooperat	iive				
	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.)					
	(g) This committee is an independent expenditure-only political committee (Super PAC).					
	In addition, this committee is a Lobbyist/Registrant PAC.					
	(h) X This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	Joint Fundraising Representative:					
	(i) 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.					
	Committees Participating in Joint Fundraiser					
	1 C					
	C					

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V	/rite or Type Committee Name		
	Common Sense	New York	
6.	Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	NONE		
	Mailing Address	<u> </u>	
		<u> </u>	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected 0	Organization Affiliated Organization Joint Fundraising Representative	ve Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person ir	n possession of committee
	Heck, Paul,		
	Full Name	 	
	Mailing Address	PO Box 15320	
		Washington	20003
		OTT A	710 0005 4
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer	Telephone number	2 505 1657
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	nd the name and address of
	Full Name Heck, Paul, of Treasurer	,,	
	Mailing Address	PO Box 15320	
	amig / ladioss	<u> </u>	
		Washington DC	20003
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		2 - 505 - 1657
		Total transfer	

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Full Name of Designated Agent	May, Jennifer, , ,					
Mailing Address	PO Box 15320					
	Washington	DC 20003				
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
Deputy Treasure		phone number 202 - L	505 1657			
Banks or Other safety deposit bo	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, D	pepository, etc.					
	Bank of America					
Mailing Address	201 Pennsylvania Ave, SE					
	Washington	DC 20003				
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲	STATE ▲	ZIP CODE ▲			