

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 JAN 24 PM 4:36

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

HOLLAND FOR SENATE COMMITTEE

ADDRESS (number and street)

4 WEST 122ND STREET

(Check if address is changed)

NEW YORK

CITY ▲

NY

STATE ▲

10027-5603

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

INFO@IDEHOLLANDFORSENATE.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

IDEHOLLANDFORSENATE.COM

2. DATE

01/18/2018

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT N 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

JOSEPH A. HOLLAND

Signature of Treasurer

Date

01/18/2018

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
Use
Only

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

FEC FORM 1
(Revised 06/2012)

201801250200047943

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 JOSEPH H. HOLLAND

Candidate Party Affiliation REP Office Sought: ☐ House ☒ Senate ☐ President State NY District 1

- (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:
- | | | |
|--------------------------------------------------|--------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> 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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

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

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

201607250200047545

Full Name of
Designated
Agent

ANTHONY D PRATT SR

Mailing Address

68 EDGEcombe AVENUE

NEW YORK

CITY

NY

STATE

10030-2411

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

917-696-4837

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.

CARVER FEDERAL SAVINGS BANK

Mailing Address

75 WEST 125TH STREET

NEW YORK

CITY

NY

STATE

10027-5603

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

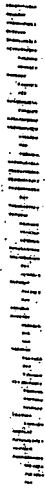
CITY

STATE

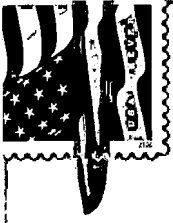
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201801250200047946

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NY 10027



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Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

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JAN 24 2018

U. S. SENATE
TRACKING NUMBER



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2

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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USPS EXPRESS MAIL _____

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SHIPPING DATE NEXT BUSINESS DAY DELIVERY

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RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

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NO POSTMARK ☐

FAX _____

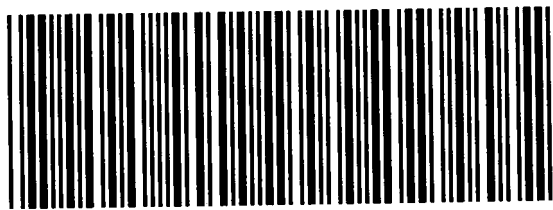
Date of Receipt

OTHER _____

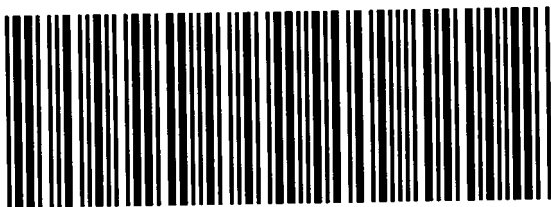
Date of Receipt or Postmark

PREPARER _____

DATE PREPARED _____



SEN PATCH



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