Only

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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) over the lines. is changed) Steve Schiffman for Congress 2018 Committee 9620 Grand Isle Lane ADDRESS (number and street) (Check if address is changed) Las Vegas 89144 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DemocracyEsq@aol.com (Check if address is changed) Optional Second E-Mail Address Steve@SchiffmanForCongress2018.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.SchiffmanForCongress2018.com (Check if address is changed) DATE 2017 C00650119 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. Garner, Larry, Earl, Mr, Type or Print Name of Treasurer Garner, Larry, Earl, Mr, [Electronically Filed] 07 15 2017 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

Local 202-694-1100

ı	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	COMMITTEE	
Can	didate	e 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. (Con information below.)	nplete the candidate
Name Cand	e of lidate	Schiffman, Steven, Mitchell, Mr,	
Cand	lidate	Office	State
Party	Affiliati	ion DEM Sought: X House Senate President	District 03
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.	FEC ID number C	

FEC Form 1 (Revised 02/2009) Write or Type Committee Name Steve Schiffman for Congress 2018 Committee 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso Steve Schiffman 9620 GRAND ISLE LANE Mailing Address NV 89144	or
Steve Schiffman for Congress 2018 Committee 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso Steve Schiffman 9620 GRAND ISLE LANE Mailing Address)r
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso Steve Schiffman 9620 GRAND ISLE LANE Mailing Address)r
Steve Schiffman 9620 GRAND ISLE LANE Mailing Address	or
9620 GRAND ISLE LANE Mailing Address	
Mailing Address	
Mailing Address	
	1 /
LAS VEGAS NV 89144	
CITY STATE ZIP CODE	
CITY STATE ZIF CODE	
Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Spo	onsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. 	nittee
Schiffman, Steven, Mitchell, Mr, Full Name	
9620 Grand Isle Lane Mailing Address	
Las Vegas NV 89144	
Title or Position CITY STATE ZIP CODE	
Candidate 702 522 999 Telephone number - <td< td=""><td>8</td></td<>	8
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	of
Full Name Garner, Larry, Earl, Mr, of Treasurer	
Mailing Address 4406 Meanderwood Drive	
Burtonsville MD 20866 _	
CITY STATE ZIP CODE	
Title or Position Treasurer 240 294 6970	0

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Full Name of Designated Agent	Schiffman, Steven, Mitchell, ,	
Mailing Address	9620 Grand Isle Lane	
	Las Vegas NV 89144 CITY STATE Z	IP CODE
Title or Position Candidate		22 9998
Banks or Other safety deposit bo Name of Bank, D	Depositories: List all banks or other depositories in which the committee deposits funds, holds ses or maintains funds. epository, etc. Ctiibank	accounts, rents
Mailing Address	1501 Kings Highway	
	Brooklyn NY 11229	
	CITY STATE Z	IP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Steven M. Schiffman, Candidate

Form/Schedule: Transaction ID: