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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Mets are a Good Team Committee P.O. Box 103 ADDRESS (number and street) (Check if address is changed) Goldens Bridge 10526 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS BennyBoy150739@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) metsareagoodteam.com (Check if address is changed) DATE 2018 C00688705 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. Dayal, Arjun, , , Type or Print Name of Treasurer Dayal, Arjun, , , [Electronically Filed] 10 2018 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

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	orm 1 (Revised 02/2009)  COMMITTEE	Page <b>2</b>
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
_	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC <b>Form 1</b> (Re	evised 02/2009)	Page <b>3</b>
Write or Type Committee	e Name	
Mets are a C	Good Team Committee	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
NONE		
1		<u>.                                    </u>
24-Winn Addunce		
Mailing Address		
	CITY STATE	ZIP CODE
<b></b>		
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
Custodian of Pacord	ds: Identify by name, address (phone number optional) and position of the person	on in passassian of committee
books and records.	is. Identity by hame, address (prione humber optional) and position of the perso	JII III pussession or committee
	yal, Arjun, , ,	
Full Name	209 Bedford Road	
Mailing Address		,
	Greenwich CT , CT ,	06831
Title or Position	CITY STATE	ZIP CODE
Board Member	Telephone number	
Treasurer: List the nar any designated agent	ame and address (phone number optional) of the treasurer of the committee; and (e.g., assistant treasurer).	d the name and address of
Full Name Day of Treasurer	yal, Arjun, , ,	
Mailing Address	209 Bedford Road	
	Greenwich CT	06831
Title or Position	CITY STATE	ZIP CODE
Board Member	Telephone number 203	

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Full Name of Designated Aybar, Book Agent	en, , ,		
Mailing Address	P.O. Box 103		
	Goldens Bridge	NY , 1	0526
	CITY	STATE	ZIP CODE
Title or Position Chairman	Teleph	none number	]
safety deposit boxes or ma Name of Bank, Depository,	, etc.	committee deposits fund	s, holds accounts, rents
Bank	of America		
Mailing Address	130 North County Shopping Center		
	Goldens Bridge	NY 1	0526
_	CITY	STATE	ZIP CODE
Name of Bank, Depository,	, etc.		
Mailing Address			

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

FEC Form 1S (Revised 02/2017)

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h). <b>Joint Fundraising</b>	raiticipant.			
1.		FE	C ID number	С
2.		FE(	C ID number	С
3.		FE	C ID number	C
4		FEG	C ID number	C
ame of Any Connected O	rganization, Affiliated Committee	, Joint Fundraising	Representativ	e, or Leadership PAC Spor
Mailing Address	1			
<b>3</b>				
			1 1 1	
Relationship:	CITY <b>A</b>		J L⊥⊥ STATE ▲	ZIP CODE A
Connected	Organization Affiliated Committ	ee Joint Fundra	aising Represent	ative Leadership PAC S
	by name, address (phone number		aising Represent	ative Leadership PAC S
esignated Agent: Identify I	by name, address (phone number		aising Represent	ative Leadership PAC S
esignated Agent: Identify I Aybar, Ben Full Name	by name, address (phone number		aising Represent	ative Leadership PAC S
esignated Agent: Identify I Aybar, Ben Full Name	py name, address (phone number ,,,, P.O. Box 103 Goldens Bridge		aising Represent	Leadership PAC S
esignated Agent: Identify I Aybar, Ben Full Name	py name, address (phone number ,,,, P.O. Box 103 Goldens Bridge	- optional)		10526
esignated Agent: Identify I Aybar, Ben Full Name Mailing Address	py name, address (phone number ,,,, P.O. Box 103 Goldens Bridge	- optional)	NY	10526
Aybar, Ben Full Name  Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositoricatety deposit boxes or main	P.O. Box 103  Goldens Bridge  CITY   CITY   Ses: List all banks or other depositor	- optional)  Telephon	NY NY STATE A	10526 ZIP CODE <b>A</b>
Aybar, Ben Full Name  Mailing Address  TITLE OR POSITION Assistant Treasurer Assistant Treasurer anks or Other Depositoricatety deposit boxes or main	P.O. Box 103  Goldens Bridge  CITY   CITY   Ses: List all banks or other depositor	- optional)  Telephon	NY NY STATE A	10526 ZIP CODE <b>A</b>
esignated Agent: Identify I Aybar, Ben Full Name  Mailing Address  TITLE OR POSITION Assistant Treasurer	P.O. Box 103  Goldens Bridge  CITY   CITY   Ses: List all banks or other depositor	- optional)  Telephon	NY NY STATE A	10526 ZIP CODE <b>A</b>
Aybar, Ben Full Name  Mailing Address  TITLE OR POSITION  Assistant Treasurer  Assistant Treasurer  Assistant Treasurer  Anks or Other Depositoric  After deposit boxes or main  ame of Bank,  Appository, etc.	P.O. Box 103  Goldens Bridge  CITY   CITY   Ses: List all banks or other depositor	- optional)  Telephon	NY NY STATE A	10526 ZIP CODE <b>A</b>