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Use

Only

FEC FORM

STATEMENT OF ORGANIZATION

2017 DEC 29 PM 12: 11

(Revised 06/2012)

FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Segal for Senate ADDRESS (number and street) (Check if address is changed) 20913 ZIP CODE A COMMITTEE'S E-MAIL ADDRESS (Check if address linfo@segalforsenate.org is changed) Optional Second E-Mail Address info@jeromesegal.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address |https://segalforsenate.org is changed) DATE 00658765 FEC IDENTIFICATION NUMBER ▶ IS THIS STATEMENT OR AMENDED (A) NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Jerome Segal Type or Print Name of Treasurer 2017 Date Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

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5.	5. TYPE OF COMMITTEE Candidate Committee:				
	(a)	X	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 cinformation below.)	andidate	
	Name Candi		Uerome Segal		
	Candi Party	date Affiliatio	on DEM Office State Sought: House Senate President District	MD 00	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi			1 1 1	
	Part	y Com	nmittee: (National, State (Democrat	ic	
	(d)			n, etc.) Party.	
	Polit	ical A	ction Committee (PAC):		
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:	
			Corporation Corporation w/o Capital Stock Labor O	rganization	
			Membership Organization Trade Association Coopera	tive	
			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 committee. (i.e., nonconnected committee)	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	t Fund	draising Representative:		
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political	
		Com	nmittees Participating in Joint Fundraiser		
		1.	FEC ID number C		
		2.	FEC ID number		
		3.	FEC ID number C		
		4.	FEC ID number		

ŀ	FEC Form 1 (Revised	02/2009)	Page 3
٧	rite or Type Committee Nan	ne	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
L			
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Id books and records.	entify by name, address (phone number optional) and position of the person in	possession of committee
	Full Name Uerom	e Şegal , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	P ₁ O ₁ Box 11497	
	•		
		[Takoma,Park 1209	913
	Title or Position	CITY STATE	ZIP CODE
	Candidate, , , ,	Telephone number	
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the , assistant treasurer).	name and address of
	Full Name of Treasurer	e Şegal , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	P ₁ O ₁ Box 11497	
		[Takoma,Park 1 1 1 1 1 1 1 1 209	913]-[]
	Title or Position	CITY STATE	ZIP CODE
		Telephone number [240] -	491, -7533 ,

,	Name of Bank, Depository, etc. Bank of America					
	Mailing Address	6950 Carroll Aye				
•	waning Address					
		[Tąkoma,Park , , , , , , , , , , , ,]	MP	20912 - 4		
		CITY	STATE	ZIP CODE		
	L	<u> </u>	1 1 1 1			
	Mailing Address					
ı	Mailing Address					
ı	Mailing Address			<u> </u>		

FEC Form 1 (Revised 02/2009)

Max Segal

[Takoma,Park

CITY

Full Name of Designated Agent

Mailing Address

Page 4

MD

STATE

20913

ZIP CODE

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-	Optional Supplemental Information
FEC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and/or 9

Page	 of	

ZIP CODE A

STATE A

FEC Form 1S (Revised 02/201	7) for Lines 5(g) or (h), 6, 8 and/or 9	Page of
5(g) or (h). Joint Fundraising F	Participant:	
1. 1 1 1 1 1 1 1	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4	FEC ID number	
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising Representative, or l	Leadership PAC Sponsor
Mailing Address		
Relationship:	CITY ▲ STATE ▲	ZIP CODE ▲
Connected C		Leadership PAC Sponsor
8. Designated Agent: Identify b	y name, address (phone number – optional)	
Full Name		
Mailing Address		
TITLE OR POSITION ▼	, CITY ▲ STATE ▲	ZIP CODE A
	Telephone Number	
Banks or Other Depositorie safety deposit boxes or main	es: List all banks or other depositories in which the committee deposits fundations funds.	ds, holds accounts, rents
Name of Bank, Depository, etc.		
Mailing Address		

CITY A

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PREPARER

DANA K. MACCALLUM
SUPERINTENDENT

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United States Senate

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