

Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

	Type of Staten	nent_						
⋈ NEW		□ AMENDED						
This committee is registering with the Virginia	This com	This committee is filing an amended Statement of Organical						
State Board of Elections for the first time.	Date Changes	Took Effect	SBE-iss	ued Committee ID				
OSPC-25-00008								
	Name of Comm	nittee						
Name of Committee								
New York State Democratic Committee								
Insert full name of committee (Acronyms must b	e spelled out)							
C	ommittee Mailing	Address						
64 Beaver St. #210								
Street Address/P.O. Box				Suite #				
New York	NY		10004					
City	State		Zip Code)				
leslien@nydems.org		(212) 725-8825						
Email Address		Business Phone						
https://www.nydems.org								
Committee Website								
Aff	iliated Organizati	on or PAC						
Full Name of Affiliated Organization								
Tun ivaline of Attimated Organization								
Street Address/P.O. Box				Suite #				
City	State		Zip Code					
Support Democratic Party of Virginia								
Indicate the Purpose of your Committee (e.g. Lab	oor, Business, Health C	Care, etc.)						
Candi	idate's Supported	or Opposed	*					
Full Name and Address of Candidate(s)	Office Sought	Party A	ffiliation	Support or Oppose?				





Commonwealth of Virginia

Area, Scope and Jurisdiction of the Committee						
This Committee intends to participate	e in (check all that a	npply):				
☐ Statewide elec	tions 🗆 c	General Assembly elections	☐ Local elections			
If "Local Elections" is checked please	e list the cities, cour	nties and/or towns the committee i	ntends to be active in:			
1)		4)				
2)	5)					
3)		6)				
	Other A	Agency Information				
Taxpayer Identification Number	13-0628260					
	Enter Taxpayer II	D Number				
	'Other Agencies Where Registered' Sheet Attached with 1 Agency.					
Other Agencies Where Committee is Registered	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
	Name of Agency		Registration Number			
Committee Depository						
Capital One Bank						
Primary Bank Name or Depository		Secondary Bank Name of	or Depository			
New York	VA					
City	State	City	State			



Statement of Organization OUT-of-STATE POLITICAL COMMITTEE

Treasurer and Books Information								
	Wang	Alexander						
	Salutation Last Name	First Name	Middle Name	Suffix				
	64 Beaver St. #210 New York, NY 10004							
	Street Address (Business), City, State and Zip Code							
Treasurer	44 Boyd Dr							
	Street Address (Residence) Suite #							
	Westbury	NY		11590				
	City	Star	Zip Code					
	alexander@nydems.org	(917) 923-8230						
	Email Address (*see instructions)		Daytime Phone #					
	Salutation Last Name	First Name	Middle Name	Suffix				
Principal	Street Address (Business), City, State and	l Zip						
Custodian of the	, , , , ,	•						
Books (if one)	Street Address (Residence)		Suite #					
	, , ,							
	City	State		Zip Code				
				r				
	Email Address (*see instructions)		Daytime Phone #					
Address Where								
Books are	50 Broadway Street Address (P.O. Boxes are Not Acce	2003 eptable) Suite #						
Maintained		p.u.o.10)	Saite II					
Manitumed	New York	N'		10004				
	City	Star	te	Zip Code				
	Statement of T	<u>'reasurer</u>						
Finance Disclosure Act (Titl SBE's website. I understand required by § 24.2-949.9:1. understand that if I provide it	of Treasurer for this committee. I understand to the 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and thin Civil penalties will be assessed in the manner refalse information on any document submitted to ishable up to a Class 5 felony.	nderstand that I am request of value, which this property of the Code of V	uired to file my reports electrolitical committee receives of irginia for late or un-filed re	onically on or expends as ports. I also				
Signature		Date						

FOR SBE OFFICE USE ONLY

DATE ENTERED:

ENTERED BY:

CIRCLE ONE

COMMITTEE ID:

N or A



Instructions for Completing This Form

• Submit the original, signed copy of this form to:

State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219

- This form must be legible, written in ink or typed or it will be rejected.
- An amended Statement is required to be filed within 10 days of the change if <u>any</u> of the information reported on this form changes.

Type of Statement

• Check the box that applies to the type of Statement that you are filing.

Name of Committee

Please insert the full name of your committee. You may include the acronym but you must spell out all acronyms for you committee.

Committee Mailing Address

- Insert the committee's primary mailing address.
- Insert the committee's primary business phone and fax number.
- Insert the Committee's e-mail address.

Affiliated Organization of PAC

- Insert the name and address of any affiliated organizations or Political Committees. For example, if your committee is a division of a trade association, business group or labor union, please indicate the name of the parent organization.
- Indicate the purpose of your committee
 - All Political Committees are formed to influence the outcome of elections. Please briefly explain the purpose or issue(s) in which your committee is involved.

Candidate's Supported or Opposed

• Indicate all candidates the committee intends to support or oppose. If there are more than two candidates that the committee supports or opposes, please attach the entire list when you submit this statement.

Area, Scope and Jurisdiction of the Committee

• Please choose all that apply.



Instructions for Completing This Form

Other Agency Information

- Taxpayer ID Number
 - o Enter the committee or organization's taxpayer identification number.
- Other Agencies Where Committee is Registered
 - o Please provide a listing of all Federal and State agencies and provide registration numbers where the committee is also registered. Attach additional sheets if necessary.

Committee Depository

- Insert the name of the committee's primary and secondary (if one) depository (Bank Name).
- Insert the address of the committee's primary and secondary (if one) depository.

Treasurer and Books Information

- Treasurer
 - Insert the name and business and residential address of the person who will be responsible for maintaining and keeping accurate financial records and reporting these records on the prescribed forms
 - Email Address
- Custodian of the Books (if one)
 - You may leave this section blank if the treasurer also serves as the Custodian of the Books.

Virginia State Board of Elections Washington Building 1100 Bank Street, First Floor Richmond, VA 23219