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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) is changed) over the lines. NY Republican Federal Campaign Committee 315 State Street ADDRESS (number and street) (Check if address is changed) Albany 12210-2001 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mmclam@nygop.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.nygop.org (Check if address is changed) DATE 2020 C00055582 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. Zeilman, Carl, , , Type or Print Name of Treasurer Zeilman, Carl,,, [Electronically Filed] 01 16 2020 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

FEC <b>F</b> e	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF (	COMMITTEE  ce 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 of Candidate		
Candidate Party Affilia	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		(Demogratio
(d) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the REP	(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-	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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	vo or more political
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number C	
4.		

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Write or Type Committee Name	е	
NY Republican	Federal Campaign Committee	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
Republican National C	Committee	
	310 1st Street SE	
Mailing Address		
	Washington	20003-1885
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization 🗶 Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the per-	son in possession of committee
McLam, M	Marie, , ,	
	38 Olympian Drive	
Mailing Address		
	Slingerlands	,12159-9638
	Slingerlands	
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	8 462 2601
Treasurer: List the name an any designated agent (e.g., and the second sec	d address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name Zeilman, C	Carl, , ,	
Mailing Address	11 Chapel Hill Blvd	
	Ballston Lake NY	12019
Title or Position	CITY STATE	ZIP CODE
Treasurer	518 Telephone number	3 - 584 - 7900

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Full Name of Designated Agent	McLam, Marie, , ,	
Mailing Address	38 Olympian Drive	
	Slingerlands   NY   12159-9638	<u>                                     </u>
	CITY STATE ZIF	P CODE
Title or Position Assistant Treas		2 2601
	<b>r Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds are poxes or maintains funds.	ccounts, rents
Name of Bank,	Depository, etc.	
	Depository, etc.  Trustco	
	Depository, etc.  Trustco  P.O. 1082	
Name of Bank,	Depository, etc.  Trustco  P.O. 1082	
Name of Bank,	Depository, etc.  Trustco  P.O. 1082  Schenectady  NY  12301	
Name of Bank,	Depository, etc.  Trustco  P.O. 1082  Schenectady  NY  12301  CITY  STATE  ZIF	P CODE
Name of Bank,  Mailing Address	Depository, etc.  Trustco  P.O. 1082  Schenectady  NY  12301  CITY  STATE  ZIF	P CODE
Name of Bank,  Mailing Address	Depository, etc.  Trustco P.O. 1082 Schenectady NY 12301 CITY STATE ZIF Depository, etc.	P CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Trustco P.O. 1082 Schenectady NY 12301 CITY STATE ZIF  Depository, etc.  BB&T 2200 Wilson Blvd	P CODE

### : 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 :

Form/Schedule: Transaction ID:

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on, Affiliated Committee, Journal of State of St	FI F	EC ID number EC ID number EC ID number EC ID number  g Representati  MD  STATE A	C C C C C C C C C C C C C C C C C C C	
on, Affiliated Committee, Jo 20 30844 da CITY A	pint Fundraising	EC ID number  EC ID number  g Representati	C C ve, or Leade	-0844
on, Affiliated Committee, Jo 20 30844 da CITY A	pint Fundraising	g Representati	ve, or Leade	-0844
on, Affiliated Committee, Jo 20 30844 da CITY A	pint Fundraising	g Representati	ve, or Leade	-0844
30844  da  CITY   Affiliated Committee	X Joint Fund	MD STATE A	20824	-0844
30844  da  CITY   on Affiliated Committee		STATE A		
da CITY ▲ on Affiliated Committee		STATE A		
da CITY ▲ on Affiliated Committee		STATE A		
CITY ▲ on Affiliated Committee		STATE A		
on Affiliated Committee			<u> </u>	7ID 00DE 4
on Affiliated Committee				ZIP CODE A
address (phone number - o	ptional)		ntative L	eadership PAC Spons
<u> </u>				
CITY ▲				ZIP CODE A
1			1.1	1.1
	CITY A			

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or(h). <b>Joint Fundraisi</b> n	o Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	PO Box 500		
	Glens Falls	NY	12801-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Spon
Designated Agent: Identify	y by name, address (phone number - optional)		
Full Name			
Mailing Address			
		OTATE :	7ID 00D5 A
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Tele	ephone Number	
safety deposit boxes or ma	ries: List all banks or other depositories in which the aintains funds.  Bridge Bank  1445-A Laughlin Ave	ne committee deposit	s funds, holds accou
	McLean	VA VA	22101

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h). <b>Joint Fundraisin</b>	, Farticipant.		_		
1.				FEC ID number	С
2.				FEC ID number	С
3.				FEC ID number	С
4.				FEC ID number	С
=	Organization, Affiliate	ed Committee, Joi	nt Fundrais	ing Representativ	e, or Leadership PAC Spor
Win In 2020					
Mailing Address	320 First Street Sou	theast			
	Washington			DC	20003-
Relationship:		CITY A		STATE A	ZIP CODE ▲
Connected	Organization Affi	iliated Committee	y Joint Fu	ndraising Represent	ative Leadership PAC S
Connected				ndraising Represent	ative Leadership PAC S
				ndraising Represent	ative Leadership PAC S
esignated Agent: Identify				ndraising Represent	Leadership PAC S
esignated Agent: Identify  Full Name				ndraising Represent	ative Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (p		tional)		Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (p	hone number – op	tional)		
esignated Agent: Identify  Full Name  Mailing Address	by name, address (p	hone number – opi	tional)		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address (p	hone number – op	tional)	STATE A	
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or maintenance.	by name, address (p	hone number – op	tional)	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor aftety deposit boxes or material depository, etc.  Trustor	by name, address (p	hone number – op	tional)	STATE A	ZIP CODE A

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5(g)	or(h). <b>Joint Fundraisi</b> n	g Participant:	
	1.		FEC ID number C
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number C
6.	Name of Any Connected Malliotakis Victory		draising Representative, or Leadership PAC Sponsor
	Mailing Address	P.O. Box 68	
		South Solom	, NY , 10590-
	B 1 ii 1 i	South Salem	
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee	nt Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		1	Telephone Number
9.	Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc.	aintains funds.	h the committee deposits funds, holds accounts, rents
		262 Katonah Ave.	
	Mailing Address		
		Katonah	NV10536
		Radiali	NY 10536
		CITY ▲	STATE ▲ ZIP CODE ▲

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5(g)	or(h). <b>Joint Fundraising</b>	ן Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3		FEC ID number	C
	4		FEC ID number	С
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrai	sing Representativ	e, or Leadership PAC Sponsor
	Mailing Address	c/o Red Curve Solutions		
		138 Conant Street, 2nd Floor		
		Beverly	MA	01915-
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Represent	ative Leadership PAC Sponsor
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	Mailing Address			
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	<b>Y</b>		
		<u>                                      </u>	ephone Number	
9.	Banks or Other Depositori safety deposit boxes or main	ies: List all banks or other depositories in which th ntains funds.	e committee deposit	s funds, holds accounts, rents
	Name of Bank,			1
	Name of Bank, Depository, etc.			
	Depository, etc.			
	Depository, etc.			