Image# 201904159146145123				04/15/2019 12 : 08
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 9 —
	(Check if non-	Example of tuning ture		e Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
KATKO FOR CO	ONGRESS			
_				
ADDRESS (number and street)	228 S WASHINGTON ST			
(Check if address is changed)	STE 115			
	ALEXANDRIA		VA 22314	4
			STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	llisker@hdafec.com			
is changed)				
	Optional Second E-Mail Ad			
 (Check if address is changed) 				
	15 / Y Y Y Y 2019			
B. FEC IDENTIFICATION N	IUMBER ► C c	00556365		
. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and c	complete.
ype or Print Name of Treasur	er Lisker, Lisa, , , 			
Signature of Treasurer	er, Lisa, , ,	[Electronically Filed]	Date 04	15 / Y Y Y Y 2019
OTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		enalties of 2 U.S.C. §437g
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	ion F	EC FORM 1 (Revised 06/2012)

04/15/2019 12 : 08

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F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
	1.00	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. (Compleinformation below.)	ete the candidate
Name Cand	e of didate		
	didate / Affiliati	on REP Office Sought: K House Senate President	State NY District 24
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Parl	ty Con	nmittee:	
(d)			emocratic, epublican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	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 segure committee. (i.e., nonconnected committee)	regated fund or part
		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	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

KATKO FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

PROTECT THE HOUS	SE		
Mailing Address	PO BOX 30844		
		MD	20824
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee 🗴 Joint Fundraisi	na Representati	ve Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Lisker, Lis	a, , ,
Full Name	
Mailing Address	228 S. Washington St. Ste. 115
	Alexandria VA 22314 Image: VA Image: VA Image: VA
Title or Position	CITY STATE ZIP CODE
Treasurer	703 549 7705 Telephone number 1 1

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lisker, Lisa, , ,
Mailing Address	228 S. Washington St. Ste. 115
	Alexandria
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 703 549 7705

FEC Form 1 (Revised 02/2009)

																										_
Full Name of Designated Agent													1									1				
Mailing Address																										
		L																								
							CIT	ΓY									STA	ΤE			ZIF	Р С	OD	Έ		
Title or Position																										
											-	Tele	eph	one	e ni	umb	ber									

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T			
Mailing Address	1909 K St., NW		
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Chain	Bridge Bank		

	1445 A Laughlin Ave.		
Mailing Address			
	I		
	McLean		22101
	CITY	STATE	ZIP CODE

FFC	Form	1S	(Revised	02/2017)
1 20	1 01111	10	(11001300	02/2017

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

5(g) or (h).	Joint	Fundraising	Participant:

1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor KATKO VICTORY FUND

Mailing Address	228 S. WASHINGTON ST.							
	STE. 115							
		VA 22314						
Relationship:	CITY 🔺	STATE A	ZIP CODE					
Connected Organization								

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																											J
Mailing Address																											
									1																		
																								- [_			
TITLE OR POSITION	,				С	Π									S	TAT	E				ZIP	C	DDI	E 🔺			
											Те	lep	hor	ne I	Nur	nbe	er			- L				- [

Name of Bank, M&T Ba Depository, etc.	ank		
Mailing Address	101 South Salina Street		
	Syracuse	NY	13202
		STATE A	ZIP CODE 🔺

FFC	Form	1 S	(Revised	02/2017)
I LO	1 01111	10	(LIEVISEU	02/2017)

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

5(g) or (h).	Joint	Fundraising	Participant:
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1	FEC ID number	С
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor TAKE BACK THE HOUSE 2020

Mailing Address	PO BOX 30844				
	BETHESDA			MD 208	24-0844
Relationship:		CITY 🔺		STATE 🔺	ZIP CODE
Connected	Organization Affiliate	ed Committee	X Joint Fundraising	Representative	Leadership PAC Sponsor

8. Designated Agent: Identify by name, address (phone number - optional)

Full Name																									
Mailing Address																									
	L																								
																		L					- [_		
TITLE OR POSITION	▼				С	IT	(🔺							S	TAT	E				ZIP	C	DD	E 🖌		
										Te	lep	hor	ne I	Nur	nbe	ər			 · L				- [_		

Name of Bank, NBT Ba Depository, etc.	ank													
Mailing Address	PO Box 149													
	Canajoharie						NY	Ĺ	1331	7				
		CITY				ST	ATE 4			Z	IP C	ODE	Ξ ▲	

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5(g	g) or (h). Joint Fundraising	Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	С
	4.		FEC ID number	С
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Sponsor
	Mailing Address			
	Relationship:		STATE A	ZIP CODE
	Connected	Organization Affiliated Committee Joi	nt Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify b	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
	TITLE OR POSITION	CITY A	STATE A	ZIP CODE
			Telephone Number	

Name of Bank, Suntrus Depository, etc.	t Bank	
Mailing Address	PO Box 4418	
	Atlanta	
	CITY ▲ STATE ▲ ZIP CODE ▲	I

FEC Form 1S (Revised 02/20)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page of
5(g) or (h). Joint Fundraising	Participant:	
1	FEC ID nu	mber C
2.	FEC ID nu	mber C
3.	FEC ID nu	mber C
4.	FEC ID nu	mber C
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
Mailing Address	<u>L</u>	
Relationship:		
Connected		
8. Designated Agent: Identify b	by name, address (phone number – optional)	
Full Name		
Mailing Address		
TITLE OR POSITION V	CITY A STAT	
	Telephone Number	er

Name of Bank, Wells F Depository, etc.	Fargo		
Mailing Address	7901 Wisconsin Ave.		
	Bethesda		
	CITY 🔺	STATE A	ZIP CODE

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Г _	FEC Form 1S (Revised 02/20	17) Optional Supplemental Inf for Lines 5(g) or (h), 6, 8		Page _9 of 9		
5(g	g)or(h). Joint Fundraising	Participant:				
	1.		FEC ID number	C		
	2.		FEC ID number	С		
	3.		FEC ID number	С		
	4.		FEC ID number	С		
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor		
	Mailing Address					
	Relationship:	CITY A	STATE 🔺	ZIP CODE		
	Connected	Organization Affiliated Committee Joint	t Fundraising Representa	tive Leadership PAC Sponsor		
8. Designated Agent: Identify by name, address (phone number – optional)						
	Full Name					
	Mailing Address					
	TITLE OR POSITION	CITY A	STATE 🔺	ZIP CODE		
		Te	elephone Number			

Name of Bank, Capital Depository, etc.	One Bank		
Mailing Address	4825 Cordell Ave.		
	Bethesda	MD	20814
	CITY A	STATE A	ZIP CODE