FEC

Only

STATEMENT OF

PAGE 1 / 10 ·

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. KATKO FOR CONGRESS 228 S WASHINGTON ST ADDRESS (number and street) STE 115 (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) johnkatkoforcongress.com (Check if address is changed) DATE 2020 C00556365 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. Lisker, Lisa, , , Type or Print Name of Treasurer Lisker, Lisa,,, [Electronically Filed] 04 15 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

Local 202-694-1100

TYPE OF COMMITTEE Candidate 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. (Complete to information below.) Name of Candidate KATKO, JOHN, M,	Page 2
Candidate Committee: (a)	the candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.) Name of KATKO. JOHN. M	he candidate
information below.) Name of KATKO. JOHN. M	the candidate
Name of Candidate KATKO, JOHN, M, ,	
Party Affiliation REP Sought: * House Senate President	NY Ny sistrict
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	ocratic
(National, State (Demo (d) This committee is a or subordinate) committee of the Repub	ocratic, olican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	nore political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.	

FF0 F	
FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
KATKO FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representation	tive, or Leadership PAC Sponsor
PROTECT THE HOUSE	
PO BOX 30844	
Mailing Address	
BETHESDA	20824
CITY STAT	E ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the books and records. 	ne person in possession of committee
Lisker, Lisa, , , Full Name	
228 S. Washington St. Ste. 115 Mailing Address	
Alexandria	22314
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	703 - 549 - 7705
3. Treasurer: List the name and address (phone number optional) of the treasurer of the commi any designated agent (e.g., assistant treasurer).	ttee; and the name and address of
Full Name Lisker, Lisa, , , of Treasurer	
Mailing Address 228 S. Washington St. Ste. 115	
Alexandria	22314
CITY STATE	ZIP CODE
Title or Position Treasurer Title or Position Treasurer Telephone number	703 - 549 - 7705

FEC FOI	m 1 (Revised (0 2/2009)	Page 4
Full Name of Designated			
Agent			
Mailing Address			
	L		
	L	CITY STATE	ZIP CODE
Title or Position		62	2.11 0002
		Telephone number	
Banks or Other safety deposit to Name of Bank,	oxes or mainta		
safety deposit b	Depository, etc	ains funds.	
safety deposit I Name of Bank,	Depository, etc	ains funds. c. 1909 K St., NW	
safety deposit I Name of Bank,	Depository, etc	ains funds.	
safety deposit I Name of Bank,	Depository, etc	ains funds. c. 1909 K St., NW	
safety deposit I Name of Bank,	BB&T	ains funds. c. 1909 K St., NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	BB&T	ains funds. c. 1909 K St., NW Washington CITY STATE c.	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc	ains funds. c. 1909 K St., NW Washington CITY STATE	
safety deposit to Name of Bank, Mailing Address	Depository, etc	ains funds. c. 1909 K St., NW Washington CITY STATE c. ridge Bank	
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Depository, etc. Depository, etc. Chain Br	ains funds. c. 1909 K St., NW Washington CITY STATE c. ridge Bank 1445 A Laughlin Ave.	ZIP CODE
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, etc. Depository, etc. Depository, etc. Chain Br	ains funds. c. 1909 K St., NW Washington CITY STATE c. ridge Bank	ZIP CODE

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

h). Joint Fundraisi r	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
KATKO VICTOR'	Y FUND		
	228 S. WASHINGTON ST.		
Mailing Address			
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
Connecte		Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	ed Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee	Fundraising Representa	
esignated Agent: Identification Full Name Mailing Address	Affiliated Committee	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m	Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, M&T E	Affiliated Committee Affiliated Committee Type by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Affiliated Committee Joint Affiliated Committee CITY CITY Telepries: List all banks or other depositories in which anintains funds. Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Affiliated Committee Joint Affiliated Committee CITY CITY Telepries: List all banks or other depositories in which anintains funds. Bank	STATE A	ZIP CODE A

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

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu E HOUSE 2020	ndraising Representative	e, or Leadership PAC Spons
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: identi	fy by name, address (phone number - optional)	
Full Name	fy by name, address (phone number – optional)	
	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Openository, etc.	CITY A CITY A pries: List all banks or other depositories in whaintains funds. Bank	STATE Telephone Number	

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

h). Joint Fundraisi	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S Washington St.		
	Ste. 115		
	Alexandria	, , , VA ,	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	od Organization Affiliated Committee	t Fundraising Representa	Leadership PAC Sp
Connecte		t Fundraising Representa	Leadership PAC Sp
Connecte esignated Agent: Identi	od Organization Affiliated Committee	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	od Organization Affiliated Committee	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	od Organization Affiliated Committee	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee Join Ty by name, address (phone number – optional)	st Fundraising Representation	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee Join Ty by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the companion of th	Affiliated Committee Affiliated Committee Y Join To bries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee Affiliated Committee Ty by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which aintains funds. Ust Bank	STATE A	ZIP CODE A

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

(g) or (h).	Joint Fundraising	g Participant:		
1	1		FEC ID number	C
2	2.		FEC ID number	С
	3.		FEC ID number	C
	4.		FEC ID number	C
	+.			
. Nam	ne of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	PATRIOT DAY 12	_		
L				
	Mailing Address	228 S. WASHINGTON ST.		<u> </u>
		STE. 115		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE A
	Connected	I Organization Affiliated Committee X Joint F	Fundraising Representa	ative Leadership PAC Sponso
F	Full Name	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name			
F	Full Name	CITY	STATE A	ZIP CODE A
F	Full Name	CITY A	STATE A	
F	Full Name	CITY A	1	
. Banl	Full Name	CITY A Tele ries: List all banks or other depositories in which the	ephone Number	ZIP CODE ▲
. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or ma	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ZIP CODE ▲
. Banl safet	Full Name	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ZIP CODE ▲
. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or mane of Bank, ository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds.	ephone Number	ZIP CODE ▲
. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or mane of Bank, Wells F	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. Fargo	ephone Number	ZIP CODE ▲
. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or mane of Bank, ository, etc.	CITY A Tele ries: List all banks or other depositories in which the intains funds. -argo 7901 Wisconsin Ave.	ephone Number	ZIP CODE S funds, holds accounts, rents
. Banl safet	Full Name Mailing Address TITLE OR POSITION ks or Other Depositor ty deposit boxes or mane of Bank, ository, etc.	CITY CITY Tele ries: List all banks or other depositories in which the intains funds. Fargo	ephone Number	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

n). Joint Fundraising	Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected (Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spor
PROBLEM SOLVE	ERS PATRIOTS		
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC S
	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify Full Name			Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name	by name, address (phone number – optional)		
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank, expository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which ntains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which ntains funds. One Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor of the deposition boxes or main arms of Bank, expository, etc.	by name, address (phone number – optional) CITY CITY Teles: List all banks or other depositories in which ntains funds. One Bank	STATE A	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisin	n Particinant		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected HOT ROD HAPPY	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
Mailing Address	499 S CAPITOL STREET SW		
	#405		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	tive Leadership PAC Spons
Full Name	by name, address (phone number – optional)		
Mailing Address			
TITLE OR POSITION	CITY A	STATE ▲	ZIP CODE ▲
	1	ephone Number	
safety deposit boxes or ma	ies: List all banks or other depositories in which the intains funds. Ce Bank	ne committee deposit	s funds, holds accounts, rents
Mailing Address	2234 W Broad St.		
	Athens	GA	30606