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STATEMENT OF **FEC 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 2019 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] 01 29 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

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		rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Cor information below.)	nplete the candidate
Nam Cand	e of didate	KATKO, JOHN, M,	
	didate / Affiliati	on REP Office Sought: <b>X</b> House Senate President	State NY District 24
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	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 s committee. (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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(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.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revi	sed 02/2009)	Page <b>3</b>
Write or Type Committee I	Name	
KATKO FOR	CONGRESS	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
PROTECT THE HO	DUSE 	
Mailing Address	PO BOX 30844	
		MD 20824  STATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee X Joint Fundraising Re	
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
	r, Lisa, , ,	
Full Name	228 S. Washington St. Ste. 115	
Mailing Address		
	Alexandria	VA 22314
Title or Position	CITY ST.	TATE ZIP CODE
Treasurer	Telephone number	703 - 549 - 7705
. <b>Treasurer:</b> List the nam any designated agent (e	e and address (phone number optional) of the treasurer of the coi g., assistant treasurer).	mmittee; and the name and address of
Full Name Lisker of Treasurer	r, Lisa, , ,	
Mailing Address	228 S. Washington St. Ste. 115	
-		
	Alexandria	VA    22314     -
Title or Position	CITY STA	ATE ZIP CODE
Treasurer	Telephone number	703 - 549 - 7705

FEC <b>Form 1</b> (Re	evised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
	sitories: List all banks or other depositories in which the committee deposits fu	unds, holds accounts, rents
Banks or Other Depos safety deposit boxes or Name of Bank, Deposito	maintains funds.	
safety deposit boxes or Name of Bank, Deposito	maintains funds.	
safety deposit boxes or	maintains funds.	
safety deposit boxes or Name of Bank, Deposito	maintains funds.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. cory, etc.	
safety deposit boxes or Name of Bank, Deposito	maintains funds. cory, etc.	20006
safety deposit boxes or Name of Bank, Deposito	maintains funds. sory, etc.  &T  1909 K St., NW	
safety deposit boxes or Name of Bank, Deposito	maintains funds. fory, etc.  ST  1909 K St., NW  Washington  CITY  STATE	20006
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite	maintains funds. fory, etc.  ST  1909 K St., NW  Washington  CITY  STATE	20006
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite	maintains funds.  STATE  Mashington  CITY  STATE	20006
Name of Bank, Deposite  Mailing Address  Name of Bank, Deposite  Name of Bank, Deposite	maintains funds. fory, etc.   &T  1909 K St., NW  Washington  CITY  STATE  cory, etc.	20006
safety deposit boxes or Name of Bank, Deposite  BB8  Mailing Address  Name of Bank, Deposite  Cha	maintains funds. fory, etc.   &T  1909 K St., NW  Washington  CITY  STATE  cory, etc.	20006

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraising</b>	g 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 Fundrais	sing Representative	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.		
		ALEXANDRIA	, VA	22314
	Relationship:	CITY A	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	undraising Represent	
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name		CTATE A	7ID CODE A
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A		ZIP CODE A
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Telepties: List all banks or other depositories in which the intains funds.	STATE ▲	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telepties: List all banks or other depositories in which the intains funds.	STATE ▲	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail	CITY   CITY   Telepines: List all banks or other depositories in which the intains funds.  ank	STATE ▲	
9.	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc.	CITY   CITY   Telepines: List all banks or other depositories in which the intains funds.  ank	STATE ▲	

FEC Form 1S (Revised 02/2017)

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

(h). <b>Joint Fundrais</b>	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
	d Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponse
TAKE BACK TH	E HOUSE 2020 		
Mailing Address	PO BOX 30844		
	1		
	BETHESDA	MD	20824-0844
		STATE A	ZIP CODE ▲
Relationship:	CITY ▲ ed Organization Affiliated Committee   ✓ Join	nt Fundraising Representa	ative Leadership PAC Spo
Connect  Designated Agent: Ident			ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connect  Designated Agent: Ident	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ed Organization Affiliated Committee		Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	ed Organization Affiliated Committee  Join Join ify by name, address (phone number – optional)	nt Fundraising Representa	
Connect  Designated Agent: Ident  Full Name  Mailing Address	ed Organization Affiliated Committee  Join Join ify by name, address (phone number – optional)	nt Fundraising Representa	
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions afety deposit boxes or necessity.	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or not be safety deposited.	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety deposit boxes.	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety deposit boxes.	ed Organization Affiliated Committee	STATE   Stephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b>	ig Participant.				
1.			FEC IE	number	C
2.			FEC IE	number	C
3.			FEC IE	number	С
4.			FEC IE	number	C
AMERICANS UN	•		undraising Rep	resentativ	e, or Leadership PAC Spon
Mailing Address	228 S Washington St		1 1 1 1 1 1	1 1 1	
Ü	Ste. 115				
	Alexandria			VA	22314
Relationship:		CITY A		STATE A	ZIP CODE ▲
			Joint Fundraisinç	Represent	ative Leadership PAC Sp
esignated Agent: Identif				Represent	ative Leadership PAC Sp
esignated Agent: Identif				Represent	Leadership PAC Sp
esignated Agent: Identif				Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (ph			Represent	
esignated Agent: Identif	y by name, address (ph		al)	Represent	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (ph	one number – optiona	al)	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (ph	one number – optiona	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y by name, address (ph	one number – optiona	Telephone N	STATE A	
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m	y by name, address (ph	one number – optiona	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank, Suntru	y by name, address (ph	one number – optiona	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (ph	one number – optiona	Telephone N	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (ph	one number – optiona	Telephone N	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

h). <b>Joint Fundraisi</b> r	1	FEO ID	C
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
PATRIOT DAY 1	2020		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	, ,   VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
	d Organization Affiliated Committee	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION	y 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	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Fargo	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material boxes or material and the control of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Fargo	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) for Lines 5(g) or (h), 6, 8 a

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponso
Mailing Address	824 S MILLEDGE AVE STE 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Pesignated Agent: Identif	y by name, address (phone number - optional)		
Mailing Address			
	CITY A	STATE A	ZIP CODE A
TITLE OR POSITION	1	STATE ▲	ZIP CODE A
TITLE OR POSITION	I <b>▼</b>	STATE ▲  Felephone Number	ZIP CODE ▲
Banks or Other Depositorsafety deposit boxes or m	pries: List all banks or other depositories in which	Telephone Number	
Banks or Other Deposite Safety deposit boxes or manner of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	Telephone Number	
Banks or Other Deposite Safety deposit boxes or manner of Bank, Depository, etc.	pries: List all banks or other depositories in which aintains funds.	Telephone Number	

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

FEC Form 1S (Revised 02/2017)

5(g)	or(h). <b>Joint Fundraisi</b> n	ng Participant:			
	1.		FEC I	D number	C
	2.		FEC I	D number	C
	3		FEC I	D number	C
	4		FEC I	D number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Join	nt Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address				
	Relationship:	CITY A	_	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Joint Fundraisir	ng Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – opt	ional)		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone I	Number	
9.	safety deposit boxes or ma	ice Bank	n which the comm	nittee deposit	s funds, holds accounts, rents
	Mailing Address	2234 W Broad St.			
		Athens		GA	30606
		CITY ▲		STATE ▲	ZIP CODE ▲