PAGE 1 / 14 ——

FEC FORM 1		STATEM ORGANI		_				
1. NAME OF		(Check if name	Exam	ple:If typing, type	100	E4M5	Office Use Onl	/
COMMITTEE (in		is changed)		he lines.	1 Z F	CMFT		
Zeldin For (Congre	ess 	1 1 1 1		1 1 1 1	1 1 1		.
ADDRESS (number a	nd street)	47 Flintlock Drive						
(Check if a	address							
is changed	d)	Shirley			NY	1 11	967	1_1
		CITY A			STAT	E 🛦	ZIF	P CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	SS						
(Check if a is changed		nmpcm@aol.com					1 1 1	
S	,	Optional Second E-Mai	l Address					
		nmpcm@aol.com	<u> </u>					
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL) www.zeldinforcongress.c	om 					
2. DATE 1		2014						
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C00552547					
4. IS THIS STATEM	MENT	NEW (N) OF	R X	AMENDED (A	\)			
I certify that I have e	examined thi	s Statement and to the I	best of my kn	owledge and beli	ef it is true,	correct an	d complete.	
Type or Print Name	of Treasurer	Marks, Nancy, , ,						
Signature of Treasure	er <i>Marks</i> ,	Nancy, , ,	[.	Electronically Filed]	Date	M M M	16	2017
NOTE: Submission of		ous, or incomplete informa			-		e penalties o	f 2 U.S.C. §437g.
Office		and of the state o	F	or further information	on contact:	<i>5,</i> 6.	FEC F	 DRM 1

Office			For further information contact:
Use			Federal Election Commission
			Toll Free 800-424-9530
Only			Local 202-694-1100

		4 (Duris al 00/0000)	5 6
		rm 1 (Revised 02/2009)	Page 2
		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. (Con information below.)	nplete the candidate
Nam Cano	e of lidate	ZELDIN, LEE, M, ,	
	lidate ⁄ Affiliati	on Rep Office Sought: X House Senate President	State NY District 01
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Namo	e of lidate		
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 Wo 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.	
	Com	mittees Participating in Joint Fundraiser	
	1.	PATRIOT VICTORY 2016 FEC ID number C COO	0624585
	2.	ROYCE ZELDIN VICTORY FUND FEC ID number C COO	0624262
	3.	FEC ID number	
	4.		

FEC Form 1 (Revised	I 02/2009)	Page 3
Write or Type Committee Nan	ne	-
Zeldin For Con	ngress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
PATRIOT DAY I 2015	5	
Mailing Address	228 S WASHINGTON ST STE 115	
Mailing Address	ALEXANDRIA VA 22314 CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee X Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in po	essession of committee
Marks, N	lancy, , ,	
Mailing Address	47 Flintlock Drive	
Mailing Address		
	Shirley NY 11967	
Title or Position	CITY STATE	ZIP CODE
Treasurer		772 - 1900
. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the national assistant treasurer).	ame and address of
Full Name Marks, N of Treasurer	ancy, , ,	
Mailing Address	47 Flintlock Drive	
	Shirley NY 11967 CITY STATE	ZIP CODE
Title or Position Treasurer		772 - 1900

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, hold tes or maintains funds. epository, etc. Empire Nat'l Bank	
safety deposit box Name of Bank, De	Empire Nat'l Bank 1044 William Floyd Parkway	
safety deposit box: Name of Bank, De	epository, etc. Empire Nat'l Bank	
safety deposit box: Name of Bank, De	Empire Nat'l Bank 1044 William Floyd Parkway	ZIP CODE
safety deposit box: Name of Bank, De	Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE	ZIP CODE
safety deposit box: Name of Bank, De Mailing Address Name of Bank, De	Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE Epository, etc.	ZIP CODE
safety deposit box: Name of Bank, De Mailing Address Name of Bank, De	epository, etc. Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE Epository, etc.	ZIP CODE
safety deposit box: Name of Bank, De Mailing Address Name of Bank, De	Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE Epository, etc.	ZIP CODE
safety deposit boxon Name of Bank, Definition Mailing Address Name of Bank, Definition Definition Name of Bank, Definiti	epository, etc. Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE PO Box 4418 PO Box 4418	ZIP CODE
safety deposit boxon Name of Bank, Definition Mailing Address Name of Bank, Definition Definition Name of Bank, Definiti	epository, etc. Empire Nat'l Bank 1044 William Floyd Parkway Shirley CITY STATE Epository, etc.	ZIP CODE

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

h). Joint Fundraisi i	1	FEC ID number	С
1.			
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
ZELDIN VICTOR	Y COMMITTEE 2016		
Moiling Address	47 FLINTLOCK DRIVE		
Mailing Address			
	SHIRLEY	, NY	11967
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposito	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wells	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m ame of Bank, Wells	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds. Fargo Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	y by name, address (phone number – optional) CITY CITY Te pries: List all banks or other depositories in which saintains funds. Fargo Bank	STATE A	ZIP CODE A

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

or(h). 💃															
1.							FEC	ID num	oer	С				\equiv	
2. 🔟							FEC	D num	ber	С					
3. 🔟							FEC	ID num	oer	С					
4.							FEC	ID num	oer	С				\equiv	
	Any Connected OIN 2016	rganization, Af	iliated Co	mmittee,	, Joint	Fundra	aising F	Represen	tative	, or L	eader	ship	PAC	Spo	nsor
	111 2010														
Maili	ing Addroop	47 FLINTLOCK	DRIVE												
Maii	ing Address														
		SHIRLEY						N	<u> </u>	. 1	1967				
Dala	Al a a a la lia .	JIIIKLE I								L	1307]-		
Rela	tionship:		CI	TY 🛦				STAT	E 🛦			ZIP	COD	E 🔺	
Designate	Connected d Agent: Identify	Organization by name, addres	Affiliated		-	-	Fundrais	sing Repre	esenta	tive	L	eaders	ship F	PAC :	Spons
Full Na	d Agent: Identify				-	-	Fundrais	sing Repre	esenta	tive		eaders	ship F	PAC :	Spons
Full Na	d Agent: Identify				-	-	Fundrais	sing Repre	esenta	tive	L	eaders	ship F	PAC :	Spons
Full Na	d Agent: Identify				-	-	Fundrais	sing Repre	esenta	tive		eaders	ship F		Spons
Full Na	d Agent: Identify		es (phone	number -	-	-	Fundrais			tive					Spons
Full Na	d Agent: Identify	by name, addres		number -	-	nal)		sing Repre		tive		ZIP Co			Spons

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

FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	n Particinant	
O(g)	1.	, , a, ,	FEC ID number
	2.		FEC ID number C
			FEC ID number C
	3.		
	4.		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative, or Leadership PAC Sponsor MENT PROJECT (RISE PROJECT)
	Mailing Address	PO BOX 2485	
		SPRINGFIELD	VA 22152 -
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representative Leadership PAC Spons
8.	Designated Agent: Identify Full Name	by name, address (phone number - optional)	
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tel-	lephone Number
9.	Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.	ies: List all banks or other depositories in which the ntains funds.	the committee deposits funds, holds accounts, rents
	Mailing Address		
		1	

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	re or Leadershin PAC Snon
Zeldin-Love Victo	_	gp	e, eeaa.e.ep e epe
Mailing Address	824 S Mileage Avenue Ste 101		
	1		
	Athens	GA	30605
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee	int Fundraising Represent	tative Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif		int Fundraising Represent	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	
esignated Agent: Identif	by by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name _ _ Mailing Address TITLE OR POSITION	by by name, address (phone number – optional) CITY	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE Telephone Number	ZIP CODE A
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Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	cy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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	C
2.			FEC ID number	С
3.			FEC ID number	C
4.			FEC ID number	C
	of Any Connected O	rganization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
N	Mailing Address	228 S WASHINGTON ST.		
	C	STE. 115		
		ALEXANDRIA	VA	22314
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		y name, address (phone number – optional)		
Ful	Il Name	oy name, address (phone number – optional)		
Ful		oy name, address (phone number – optional)		
Ful	Il Name	oy name, address (phone number – optional)		
Ful	Il Name		STATE A	ZIP CODE A
Ful	Il Name	CITY A	STATE A	ZIP CODE A
Ful	Il Name	CITY A	STATE A	ZIP CODE A
Ful Ma TI B. Banks safety Name of Depositions of the control of	Il Name _ _ _ _	CITY Tel ss: List all banks or other depositories in which t tains funds.	ephone Number	s funds, holds accounts, rents
Ful Ma TI B. Banks safety Name of Depositions of the control of	or Other Depositoried deposit boxes or main of Bank, tory, etc.	CITY Tel ss: List all banks or other depositories in which t tains funds.	ephone Number	s funds, holds accounts, rents

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

h). Joint Fundraisin	g i diticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Martins Zeldin Vic	Organization, Affiliated Committee, Joint Fundratory Fund	raising Representative	e, or Leadership PAC Spon
Mailing Address	47 Flintlock Drive		
	1		
	Shirley	NY	11967
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee	t Fundraising Representa	Leadership FAC S
	by name, address (phone number – optional)	represent	Leadership PAC Sp
esignated Agent: Identify		Trundraising Representa	Leadership FAC S
esignated Agent: Identify		Trundraising Represent	Leadership FAC S
esignated Agent: Identify		Trundraising Representation	Leadership FAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	STATE A	ZIP CODE A
esignated Agent: Identify	by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and	ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi r	ig i dittoipant.		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected East End Commit	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spor
Last End Commi			
Mailing Address	824 S Milledge Avenue Ste 101		
Mailing Address			
	Athens	, GA	30605
Dolotionobine			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Joi	int Fundraising Renresent	ative Leadership PAC S
Connecte	d Organization Affiliated Committee	int Fundraising Represent	ative Leadership PAC S
		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identif	d Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC S
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esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite fety deposit boxes or management of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

Mailing Address TITLE OR POSITION	ories: List all ban	CITY city iks or other depositories in whether the state of the st	S' Telephone Nui		ZIP CODE ZIP CODE s funds, holds accounts, rents
Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ories: List all ban	CITY A	S' Telephone Nui	mber	ZIP CODE A
Mailing Address TITLE OR POSITION anks or Other Depositor defety deposit boxes or main arms of Bank,	ories: List all ban	CITY A	S' Telephone Nui	mber	ZIP CODE A
Mailing Address TITLE OR POSITION	ories: List all ban	CITY A	S' Telephone Nui	mber	ZIP CODE A
Mailing Address			S		
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Mailing Address				TATE A	
					1 1 1 1 1 1 1 1 1
Tull Ivallie					
Full Name					<u> </u>
esignated Agent: Identif	y by name, addr	ess (phone number – optiona)		
Connected	d Organization	Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sp
Relationship:		CITY A		STATE A	ZIP CODE ▲
	SHIRLEY			NY	11967
Mailing Address	47 FLINTLOC	CK DRIVE			
ame of Any Connected	_	Affiliated Committee, Joint Fo	ındraising Repr	esentative	e, or Leadership PAC Spons
4.					
			J FEC ID		C
3.			FEC ID		C
3.		the first of the first of the first of the	FEC ID	number	С
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017) for Lir

TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or many Name of Bank, Depository, etc. Mailing Address		r other depositories in which	Telephone Number	sits funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		r other depositories in which		sits funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma Name of Bank, Depository, etc.		r other depositories in which		sits funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma		r other depositories in which		its funds, holds accounts, rents
Banks or Other Deposito		r other depositories in which		its funds, holds accounts, rents
	wigon List all banks -	r other depositories in this		ito fundo heldo esservato vento
TITLE OR POSITION			Telephone Number	
TITLE OR POSITION		1	1	[_] [] .
	▼	CITY A	STATE ▲	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	y by name, address ((phone number – optional)		
Connected	d Organization	Affiliated Committee	int Fundraising Represen	tative Leadership PAC Spo
Relationship:		CITY A	STATE 4	ZIP CODE ▲
	WASHINGTON		DC	20003
Mailing Address				
	320 1ST ST SE			
Name of Any Connected		ted Committee, Joint Fur	ndraising Representati	ve, or Leadership PAC Sponso
4.			FEC ID number	C
1			FEC ID number	С
3.			FEC ID number	С
2			FEC ID number	С

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

FEC Form 1S (Revised 02/2017)

Banks or Other Deposite safety deposit boxes or m Name of Bank, Depository, etc. Mailing Address		or other depositories in w	nich the committee depos	its funds, holds accounts, rents
safety deposit boxes or m Name of Bank, Depository, etc.		or other depositories in w	nich the committee depos	its funds, holds accounts, rents
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safety deposit boxes or m		or other depositories in wi	nich the committee depos	its funds, holds accounts, rents
1			Telephone Number	
TITLE OR POSITION	I ▼	CITY A	STATE ▲	ZIP CODE ▲
			1 1 . 1	
Mailing Address				
Mailing Address	1			
Designated Agent: Identif	iy by name, address	s (phone number – optiona	l)	
Connecte	ed Organization	Affiliated Committee	Joint Fundraising Represer	tative Leadership PAC Spo
Relationship:		CITY 🛦	STATE 4	ZIP CODE A
	BETHESDA		MD	20824
Mailing Address	PO BOX 30844			
		ROSPERITY AND F		ve, or Leadership PAC Sponso
4				
			FEC ID number	C
3.			FEC ID number FEC ID number	C
2			FEC ID number	С