FEC

Only

STATEMENT OF

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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 05 2017 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] 09 05 2017 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

		4 (P	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 Cand	e of didate	KATKO, JOHN , M, ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State NY District 24
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	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 con-	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 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.)	
Join	t Fund	Iraising 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.	·
(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.		
	4.		

		_
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Write or Type Committee Name		
KATKO FOR CO	ONGRESS	
6. Name of Any Connected O	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
PATRIOT DAY II 2017	<u> </u>	
Mailing Address	PO BOX 9891	
	ARLINGTON	
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee X Joint Fundraising Representative Lead	lership PAC Sponsor
Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posso	ession of committee
Lisker, Lisa	а, , ,	1
Full Name	,228 S. Washington St. Ste. 115	
Mailing Address		
	Alexandria VA 22314	
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number 703 - 50	49 7705
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Lisker, Lisa of Treasurer	ı, , ,	
Mailing Address	228 S. Washington St. Ste. 115	
	Alexandria VA 22314	
Title or Decition	CITY STATE ZI	IP CODE
Title or Position Treasurer		49 7705

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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. BB&T	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. BB&T	ains funds. c. 1909 K St., NW Washington CITY STATE c. ridge Bank	ZIP 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: F1N Transaction ID:

Amended in response to request for additional information, dated 7/30/17, to add joint fundraising representatives.

Form/Schedule: Transaction ID:

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

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anks or Other Depositoratety deposit boxes or material ame of Bank, epository, etc. Mailing Address	ries: List all banks or other depositories in which aintains funds.	STATE Telephone Number The three deposits the committee deposits t	ZIP CODE ZIP CODE S funds, holds accounts, rents
anks or Other Deposito afety deposit boxes or ma	CITY A ries: List all banks or other depositories in whice aintains funds.	Telephone Number	
	CITY A	Telephone Number	
TITLE OR POSITION	▼ CITY ▲	1	ZIP CODE ▲
	CITY A	STATE ▲	ZIP CODE ▲
	T. Control of the Con		
Mailing Address			
Full Name			
	d Organization Affiliated Committee	int Fundraising Representa	Leadership PAC Sp
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ARLINGTON	VA	22219
Mailing Address	PO BOX 9891		
BLUE COLLAR V	ICTORY FUND		
	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
4.		FEC ID number	C
		FEC ID number	C
3.		FEC ID number	C
2	1		

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

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5(g) or (h). Joint Fundraising Participant: C FEC ID number C FEC ID number C FEC ID number C FEC ID number Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. Mailing Address Relationship: ZIP CODE A CITY A STATE A Connected Organization Joint Fundraising Representative Affiliated Committee Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name Mailing Address ZIP CODE CITY A STATE A TITLE OR POSITION ▼ Telephone Number Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds. **NBT Bank** Name of Bank, Depository, etc. PO Box 149 Mailing Address Canajoharie 13317 CITY A STATE A ZIP CODE A

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

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h). Joint Fundraisin	g Participant:			
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	С
4			FEC ID number	С
ame of Any Connected	Organization, Affilia	ated Committee, Joint Fu	ndraising Representati	ve, or Leadership PAC Spon
Mailing Address				
Relationship:		CITY ▲	STATE 4	ZIP CODE ▲
			oint Fundraising Represer	tative Leadership PAC S
		Affiliated Committee Jo		tative Leadership PAC Sp
esignated Agent: Identify				tative Leadership PAC Sp
esignated Agent: Identify				tative Leadership PAC Sp
esignated Agent: Identify		(phone number – optional)		tative Leadership PAC Sp
esignated Agent: Identify	by name, address	(phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	by name, address	(phone number – optional)		
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Suntru	v by name, address	(phone number – optional) CITY	STATE A Telephone Number	
Full NameMailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mailing ame of Bank, Suntru	ries: List all banks of aintains funds.	(phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks daintains funds.	(phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc.	ries: List all banks daintains funds.	(phone number – optional) CITY	STATE A Telephone Number	ZIP CODE A