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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 2018 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 2018 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

	FF0 <b>=</b>	4 (During 4 00 (000)	D
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (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.	
Namo	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 troommittees/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.		

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 Representative, or Leader	ship PAC Sponsor
PATRIOT DAY II 2017	
PO BOX 9891	
Mailing Address	
ARLINGTON VA 22219	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records.</li> </ol>	ossession of committee
Lisker, Lisa, , ,	1
Full Name228 S. Washington St. Ste. 115  Mailing Address	
Alexandria VA 22314	
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number 703 - L	549   7705
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the namy designated agent (e.g., assistant treasurer).	ame and address of
Full Name Lisker, Lisa, , , of Treasurer	
Mailing Address 228 S. Washington St. Ste. 115	
Alexandria VA 22314	
CITY STATE Title or Position	ZIP CODE
Treasurer	549 - 7705

FEC Form 1 (R	Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposi	itory, etc.	
safety deposit boxes or	or maintains funds. itory, etc.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc.  8&T  1909 K St., NW	20006
safety deposit boxes of Name of Bank, Deposi	r maintains funds. itory, etc.  8&T  1909 K St., NW	20006 ZIP CODE
safety deposit boxes of Name of Bank, Deposi	maintains funds.  itory, etc.  1909 K St., NW  Washington  CITY  STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address  Mailing Address	maintains funds.  itory, etc.  1909 K St., NW  Washington  CITY  STATE	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi  Name of Bank, Deposi	To maintains funds.  itory, etc.  1909 K St., NW  Washington  CITY  STATE	
safety deposit boxes of Name of Bank, Deposition Mailing Address  Mailing Address	remaintains funds.  itory, etc.   B&T  1909 K St., NW  Washington  CITY  STATE  itory, etc.	
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi  Name of Bank, Deposi	remaintains funds. itory, etc.  itory, etc.  1909 K St., NW  Washington  CITY  STATE  itory, etc.  1445 A Laughlin Ave.	ZIP CODE
Name of Bank, Deposi  Mailing Address  Name of Bank, Deposi  Name of Bank, Deposi	remaintains funds. itory, etc.  itory, etc.  1909 K St., NW  Washington  CITY  STATE  itory, etc.  1445 A Laughlin Ave.	

FEC Form 1S (Revised 02/2017)

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

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2.			FEC ID n	umber	С
3.			FEC ID n	umber	C
4.			FEC ID n	umber	C
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BLUE COLLAR V	ICTORY FUNI	<b>)</b>		1 1 1	
	DO DOV 2004				
Mailing Address	PO BOX 9891				
			1	VA	22219
	ARLINGTON				
	d Organization		Joint Fundraising R	TATE ▲ epresenta	ZIP CODE ▲  tive Leadership PAC Sp
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esignated Agent: Identif	d Organization	Affiliated Committee	Joint Fundraising R		Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	d Organization  y by name, address	Affiliated Committee x.	Joint Fundraising R	epresenta	Leadership PAC Sp
esignated Agent: Identif	d Organization  y by name, address	Affiliated Committee x.	Joint Fundraising R	epresenta	Leadership PAC Sp

FEC Form 1S (Revised 02/2017)

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

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4. Name of Any Con	nected Organizat				
Name of Any Con	nected Organizat		FEC ID num	nber C	
	nected Organizat				
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FIXOTECT		ion, Affiliated Committee, Joint	Fundraising Represer	ntative, or Lo	eadership PAC Spons
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Mailing Addre	PO BO	X 30844			
	1				
	BETHE	SDA	N	ID   2	0824
Relationship:		CITY A	STA		ZIP CODE ▲
	Identify by name,	address (phone number - option	nal)		
Full Name					
Mailing Address					
TITLE OR PO	SITION ▼	CITY A	STATE	<b>A</b>	ZIP CODE ▲
			Telephone Numbe	r L L L	

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>	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee J	oint Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi	d Organization Affiliated Committee J y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
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Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or meaning and meaning	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whi	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b> r	ig Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mailing and ame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   ries: List all banks or other depositories in which aintains funds.  Fargo	STATE A Telephone Number	ZIP CODE A