Only

STATEMENT OF

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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] 07 12 2019 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

FEC F c	orm 1 (Revised 02/2009)	Page 2
	COMMITTEE e Committee:	
(a) X	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.)	inplete the candidate
Name of Candidate	KATKO, JOHN, M, ,	
Candidate	Office	State
Party Affiliat		District 24
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotriot
Name of	This committee supports/opposes only one candidate, and is NoT an admonated committee.	
Candidate		
Party Cor	nmittee: (National, State	(Domogratic
(d)	This committee is a committee of the	(Democratic, Republican, etc.) Party.
Political A	Action 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	ographed fund or party
(f)	committee. (i.e., nonconnected committee)	egregated fulld of party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	wo or more political
	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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	nmittees Participating in Joint Fundraiser	
1.		
2.	FEC ID number	
3.	FEC ID number C	
4.		

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
KATKO FOR CONGRESS	
6. Name of Any Connected Organization, Affiliated Committee, Jo	int Fundraising Representative, or Leadership PAC Sponsor
PROTECT THE HOUSE	
PO BOX 30844 Mailing Address	
	MD 20824
CITY	STATE ZIP CODE
Relationship: Connected Organization Affiliated Committee	✗ Joint Fundraising Representative ☐ Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number books and records. 	optional) and position of the person in possession of committee
Lisker, Lisa, , ,	1
Full Name228 S. Washington St. Ste. 115	
Mailing Address	
	VA22314
Alexandria	VA 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 any designated agent (e.g., assistant treasurer).	f the treasurer of the committee; and the name and address of
Full Name Lisker, Lisa, , ,	I
of Treasurer	
Mailing Address 228 S. Washington St. Ste. 115	
Alexandria	VA 22314 -
CITY Title or Position	STATE ZIP CODE
Treasurer	Telephone number 703 - 549 - 7705

FEC Form 1 (Re	levised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit	tory, etc.	
safety deposit boxes or	r maintains funds. tory, etc.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. &T 1909 K St., NW	
safety deposit boxes or Name of Bank, Deposit	washington CITY Tory, etc. BT DC 200	006
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. &T 1909 K St., NW Washington CITY STATE tory, etc. ain Bridge Bank	006
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	washington CITY STATE Tory, etc.	006
Safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit Cha	maintains funds. tory, etc. &T 1909 K St., NW Washington CITY STATE tory, etc. ain Bridge Bank	2006 ZIP CODE

FEC Form 1S (Revised 02/2017)

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

. 1			
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Iame of Any Connecte	d Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		1 1 1 1 1 1 1 1 1 1
	STE. 115		
			20244
	ALEXANDRIA	VA VA	22314
	CITY A	STATE ▲	ZIP CODE A
esignated Agent: Iden Full Name	CITY ted Organization Affiliated Committee	STATE ▲	ZIP CODE A
esignated Agent: Iden	CITY ted Organization Affiliated Committee	STATE ▲	ZIP CODE A
esignated Agent: Iden Full Name	CITY ted Organization Affiliated Committee	STATE ▲	ZIP CODE A
esignated Agent: Iden Full Name	CITY ▲ ted Organization	STATE A	ZIP CODE Aative Leadership PAC Sp
esignated Agent: Iden Full Name	CITY A ted Organization Affiliated Committee Affiliated Committee CITY A CITY A	STATE ▲	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r			
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, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	HOUSE 2020		
Mailing Address	PO BOX 30844		
	BETHESDA	MD MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	Fundraising Represent	ative Leadership PAC Sp
	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marks	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material depositions. Amen of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	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). Joint Fundraisir	g Participant:			
1.			FEC ID number	er C
2.			FEC ID number	er C
3.			FEC ID numbe	er C
4.			FEC ID numbe	er C
-	Organization, Affiliated Co.		raising Representa	tive, or Leadership PAC Spon
AMERICANS ON		/I		
Mailing Address	228 S Washington St.			
J. J. T. T.	Ste. 115			
	Alexandria		VA VA	22314
Relationship:	CI	TY A	STATE	▲ ZIP CODE ▲
Connecte	d Organization Affiliated	Committee X Joint	t Fundraising Repres	entative Leadership PAC Sp
	d Organization Affiliated of A		t Fundraising Repres	entative Leadership PAC Sp
esignated Agent: Identif			t Fundraising Represe	entative Leadership PAC Sp
esignated Agent: Identif			t Fundraising Represe	entative Leadership PAC Sp
esignated Agent: Identif	by name, address (phone r		t Fundraising Represe	
esignated Agent: Identif	by name, address (phone r	number – optional)	t Fundraising Representations of the second	
esignated Agent: Identif Full Name Mailing Address	by name, address (phone r	number – optional)		
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esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or marks	ries: List all banks or other	number – optional)	STATE A	ZIP CODE A
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esignated Agent: Identification Full Name	ries: List all banks or other caintains funds.	number – optional)	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make ame of Bank, epository, etc.	ries: List all banks or other caintains funds.	number – optional)	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)

h). 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 Fundrais	sing Representative	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		undraising Representa	ative Leadership PAC Sp
	Organization Affiliated Committee Joint Fu	Indraising Representa	ative Leadership PAC Sp
esignated Agent: Identify		undraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name		undraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name		undraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional)	andraising Representation	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Telepties: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Telepties: List all banks or other depositories in which the intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Wells Fepository, etc.	by name, address (phone number – optional) CITY CITY Telepties: List all banks or other depositories in which the ntains funds.	STATE A	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

(h). Joint Fundraising	ı	FEC ID number	C
1.			
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	[C]
ame of Any Connected (Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spon
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	Organization Affiliated Committee Joint 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		Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, Capital epository, etc.	by name, address (phone number – optional) CITY CITY Te ies: List all banks or other depositories in which intains funds. One Bank	STATE A	ZIP CODE A