Only

PAGE 1/6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) M&T Bank and Wilmington Trust Political Action Committee 575 Main Street ADDRESS (number and street) 11th Floor (Check if address is changed) Buffalo 14203 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS aklosner@mtb.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00137273 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. Klosner, Alexander, , Mr., Type or Print Name of Treasurer Klosner, Alexander, , Mr., [Electronically Filed] 03 2022 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 Fo r	m 1 (Revised 02/2009)	Page 2
TYPE OF CO	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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	mittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e) x	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is
	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.)	
Joint Fund	raising 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
Comi	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
0	FEC ID number	
2.		
2. 3.	FEC ID number	

FEC Form 1 (Revis	ed 02/2009)		Page 3
Write or Type Committee N		1.4 (1. 0. 11.	
M&I Bank an	d Wilmington Trust Politic	al Action Committe	<u>ee </u>
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fund	draising Representative, or Leaders	hip PAC Sponsor
M&T Bank			
Mailing Address	One M&T Plaza		
g			
	Buffalo	NY 14203	
	CITY	STATE	ZIP CODE
Relationship: x Conne	ected Organization Affiliated Committee Join	t Fundraising Representative Lea	ndership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number option	al) and position of the person in pos	session of committee
	ing, Isaac, , Mr.,		
Full Name			
Mailing Address	575 Main St.		
	11th Floor		
	Buffalo	NY 14203	
Title or Position	CITY	STATE	ZIP CODE
Vice President	та	elephone number 716	848 6841
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the tre g., assistant treasurer).	asurer of the committee; and the na	me and address of
Full Name Klosne of Treasurer	er, Alexander, , Mr.,		
Mailing Address	1350 I Street NW		
	Suite 500		
	Washington	DC 20005	
Title or Position	CITY	STATE	ZIP CODE
Assistant Vice Presi		elephone number	819 - 3612

FEC Forn	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Seifert, Noah, , ,	
Mailing Address	575 Main Street	
J	11th Floor	
	Buffalo NY 14203	, , 1–1
	CITY STATE	ZIP CODE
Title or Position		848 - 4721
	Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc. Manufacturers & Traders Trust Company	ds accounts, rents
safety deposit bo	oxes or maintains funds. Depository, etc.	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza	ds accounts, rents
safety deposit bo Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit bo Name of Bank, [Mailing Address	Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	
safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Manufacturers & Traders Trust Company One M&T Plaza Buffalo CITY STATE	

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updated name and contact information for Treasurer.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** ____

(h). Joint Fundraisir	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fund	• .	e, or Leadership PAC Spons
Wilmington Trust	Corporation Poltical Action Committee	ee _	
Mailing Address	1100 North Market Street		
	Wilmington	_ DE	19890
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connecte	d Organization X Affiliated Committee Join	t Fundraising Representa	ative Leadership PAC Spo
	d Organization X Affiliated Committee Join y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Spo
		t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif		t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif	y by name, address (phone number – optional)		
Designated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Spo
Designated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	y by name, address (phone number – optional) CITY To pries: List all banks or other depositories in which	STATE A	ZIP CODE A