PAGE 1/9

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 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] 10 15 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 Only Local 202-694-1100

TYPE OF COMMITTEE Candidate 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. (Complete to information below.) Name of Candidate KATKO, JOHN, M,	Page 2
Candidate Committee: (a)	the candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete t information below.) Name of KATKO. JOHN. M	he candidate
information below.) Name of KATKO. JOHN. M	the candidate
Name of Candidate KATKO, JOHN, M, ,	
Party Affiliation REP Sought: * House Senate President	NY Ny sistrict
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	ocratic
(National, State (Demo (d) This committee is a or subordinate) committee of the Repub	ocratic, olican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a
Corporation Corporation w/o Capital Stock Labo	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	nore political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate.	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.	

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FEC Form 1 (Revised 02/200 Write or Type Committee Name	3)	Page 3
	CDESS	
KATKO FOR CON		
6. Name of Any Connected Organia	zation, Affiliated Committee, Joint Fundraising Representative, or	: Leadership PAC Sponsor
PROTECT THE HOUSE		
Mailing Address PO E	OX 30844	
BET	HESDA MD	20824
	CITY STATE	ZIP CODE
Relationship: Connected Orga	nization Affiliated Committee 🗶 Joint Fundraising Representativ	e Leadership PAC Sponsor
 Custodian of Records: Identify by books and records. 	name, address (phone number optional) and position of the pers	son in possession of committee
Lisker, Lisa, , , Full Name		
	S. Washington St. Ste. 115	
Walling Address		
Alex	andria , VA ,	22314
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	3 - 549 - 7705
Treasurer: List the name and addr any designated agent (e.g., assista	ess (phone number optional) of the treasurer of the committee; and treasurer).	nd the name and address of
Full Name Lisker, Lisa, , , of Treasurer		
	S. Washington St. Ste. 115	
Mailing Address		
Alex	andria VA	22314
	CITY STATE	ZIP CODE
Title or Position Treasurer	703 Telephone number	3 - 549 - 7705
		I

FEC Form 1 (R	Revised 02/2009)	Page 4
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
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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 Fundraisi r	1	·-	
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
KATKO VICTOR'	Y FUND		
Mailing Address	228 S. WASHINGTON ST.		
-	STE. 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

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

	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	l Organization, Affiliated Committee, Joint Fu E HOUSE 2020	ndraising Representative	e, or Leadership PAC Spons
	DO DOV 00044		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: identi	fy by name, address (phone number - optional)	
Full Name	fy by name, address (phone number – optional)	
	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
Full Name	fy by name, address (phone number – optional		
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Full Name	CITY		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 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
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g)	or(h). Joint Fundraisin	ng Participant:		
	1		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
6.		Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
	PATRIOT DAY 1	2020 		
	Mailing Address	228 S. WASHINGTON ST.		
		STE. 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	tive Leadership PAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
	Mailing Address			1
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	Maining Addition			
	Walling Address			<u> </u>
		CITY A	STATE A	ZIP CODE A
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9.	TITLE OR POSITION	Te pries: List all banks or other depositories in which taintains funds.	STATE A	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). Joint Fundraisin									
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2.					FEC ID r	number	С		
3.					FEC ID r	number	С		
4.					FEC ID r	number	С		
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Mailing Address									
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Relationship:		CITY	_			STATE A		ZIF	CODE A
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esignated Agent: Identify Full Name Mailing Address	by name, addres	Affiliated Co	mber – optio	nal)		Representation of the second o			ership PAC
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