Only

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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. Garbarino for Congress PO Box 101 ADDRESS (number and street) (Check if address is changed) Bayport 11705 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS llisker@hdafec.com (Check if address is changed) Optional Second E-Mail Address cstamper@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.garbarinoforny.com (Check if address is changed) DATE 28 2022 C00729954 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] 28 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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	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 the information below.)	candidate
	Name of Candidate Garbarino, Andrew, R, ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State NY District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	02
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	3).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

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٧	Vrite or Type Committee Name			
	Garbarino for C	ongress		
6.	Name of Any Connected Or GARBARINO VICTO	ganization, Affiliated Committee, Joint Fundraising F	Representative, or	Leadership PAC Sponsor
	Mailing Address	PO BOX 101		
		BAYPORT	NY	11705
		CITY A	STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundra	aising Representative	Leadership PAC Sponso
	_			
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and posit	ion of the person in	possession of committee
	Lisker, Lisa	,,,		
	Full Name			
	Mailing Address	228 S Washington St		
		Ste 115		
		Alexandria	VA	22314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone	number 703	_ 549 7705
8.	any designated agent (e.g., a	·	f the committee; an	d the name and address of
	Full Name Lisker, Lisa of Treasurer	,,		
	Mailing Address	228 S Washington St		
	Mailing Address	Ste 115		
		Alexandria	VA	22314
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼	OII	SIAIL =	211 OODL =
	Treasurer	Telephone	number 703	

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I	Full Name of Designated			
	Agent			
ı	Mailing Address			
-	Title or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone nu	mber	
		Depositories: List all banks or other depositories in which the committees or maintains funds.	tee deposits fo	unds, holds accounts, rents
١	Name of Bank, D	epository, etc.		
		TD Bank		
N	Mailing Address	188 North Main Street		
		Sayville	NY	11782
		CITY ▲	STATE ▲	ZIP CODE ▲
1	Name of Bank, D	epository, etc.		
		Wells Fargo		
N	Mailing Address	8302 Woodmont Ave.		
		Bethesda	MD	20814
		CITY A	STATE ▲	ZIP CODE ▲

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

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h). <b>Joint Fundraisi</b>	ng i artioipanti		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
TAKE BACK THI	E HOUSE 2022		
	PO BOX 30844		
Mailing Address	1 0 000 30044		
	BETHESDA	MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint	oint Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	ify by name, address (phone number – optional)	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	ify by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and	ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mailing and	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, Class	ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which anintains funds.  ic City Bank	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which anintains funds.  ic City Bank	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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(g) or (h). <b>Joint</b>	Fundraising P	articipant:								
1.					FEC ID	number	С			
2					FEC ID	number	С			
3.					FEC ID	number	С			
4.					FEC ID	number	С			
			ated Committee	, Joint Fundı	raising Rep	resentativ	e, or Leade	ership F	PAC S	ponsor
BLUEGR	ASS FREE	DOM COM	MITTEE							
Mailing A	ddross	824 S. MILLEDG	E AVE							
Mailing A	_	SUITE 101								
	L	ATHENS				ı GA ı	30609	<u> </u>		
Dalations	L	ATTIENO	OITY 1						]- <u> </u>	
Relations	nip:		CITY ▲	-		STATE A	_	ZIP C	ODE	•
Designated Ag	gent: Identify by	name, address	(phone number	– optional)						
Full Name		name, address	(phone number	- optional)			1 1 1 1			
		name, address	(phone number	– optional)						
Full Name		name, address	(phone number	- optional)						
Full Name		name, address		optional)					]-[_	
Full Name Mailing Add		name, address	(phone number	optional)		STATE A		ZIP CC		
Full Name Mailing Add	dress	name, address			elephone No			ZIP CC		
Full Name Mailing Add	dress	name, address						ZIP CC		
Full Name  Mailing Add  TITLE OR	dress	: List all banks		Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents
Full Name  Mailing Add  TITLE OR  LILILIA  Banks or Other safety deposit by	POSITION  POSITI	: List all banks	CITY A	Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents
Full Name  Mailing Add  TITLE OR	POSITION  Propositories  boxes or mainta	: List all banks	CITY A	Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents
Full Name  Mailing Add  TITLE OR  Banks or Other safety deposit to the safety deposit to	POSITION  Positories boxes or mainta	: List all banks	CITY A	Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents
Full Name  Mailing Add  TITLE OR  Banks or Othe safety deposit to the safety deposit to	POSITION  Positories boxes or mainta	: List all banks	CITY A	Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents
Full Name  Mailing Add  TITLE OR  Banks or Othe safety deposit to the safety deposit to	POSITION  Positories boxes or mainta	: List all banks	CITY A	Te	elephone No	umber	s funds, ho		<u> -</u>  _	rents