FEC

Γ

04/12/2024 12 : 36

PAGE 1 / 10 🗕

## STATEMENT OF ORGANIZATION

			c	Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	PO BOX 500			
(Check if address is changed)				
lo onangoo)	GLEN FALLS		NY 12	2801
	CITY ▲		STATE A	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	compliance@complianceco	nsultingva.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD				
2. DATE 04 / 12	2 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	JMBER ► C C	00570945		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	r Hobbs, Cabell, , ,			
Signature of Treasurer Hobb	os, Cabell, , ,		Date 04	/ D D / Y Y Y Y 12 2024
NOTE: Submission of false, errone		may subject the person signing t TION SHOULD BE REPORTED		e penalties of 52 U.S.C. §30109
Office Use Only		For further information c Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	ontact:	FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
5. 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 information below.)	e the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:       (National, State       (Democratic democratic dem	ratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected organization is a:
Corporation Corporation w/o Capital Stock	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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 (Hybric	I PAC).

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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
 Committees Participating in Joint Fundraiser
 2.

FEC Form 1 (Rev Write or Type Committee	,			Page <b>3</b>
E-PAC				
Name of Any Connec	ted Organization, Affiliate	d Committee, Joint Fu	undraising Representative, o	or Leadership PAC Sponsor
Elise Victory Fur	nd			
Mailing Address	Po Box 500			
	Glens Falls		NY	<b>12801</b>
		CITY ▲	STATE 🔺	ZIP CODE

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	Hobbs, Cab	ell, , ,																								
Full Name																										
Mailing Address		Po Bo	ox 500	0																						
		Glen	s Falls	s 												N	Y 		12	280 <sup>-</sup>	1			- [		
						С	ITY								S	TA	ΤE					ZIP	СС	DE		
Title or Position <b>v</b>	•																									
Treasurer										٦	ele	pho	ne	nu	mb	er		<u> </u>		-				-L		

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Hobbs, Cabell, , ,
of Treasurer	
Mailing Address	Po Box 500
	Glens Falls
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Telephone number

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent	Johnson, Melodie, , ,	
Mailing Address	Po Box 500	
	Glens Falls	
	CITY ▲ STATE ▲ Z	IP CODE ▲
Title or Position	,	
Assistant Treasur	er                                 Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address	2200 Wilson Blvd Ste 100		
	Arlington	VA 22201	
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
	ridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
	CITY 🔺	STATE A	ZIP CODE

1.					
				FEC ID number	C
2.				FEC ID number	C
3.				FEC ID number	C
4.				FEC ID number	C
Name	of Any Connected	Organization, Aff	iliated Committee, Joint Fu	ndraising Representat	ive, or Leadership PAC Sponsor
UP	STATE NEW YOR	K FIGHTERS			
		P.O. BOX 500			
Ν	Aailing Address				
		GLENS FALLS			12801
F	Relationship:		CITY A	STATE 2	▲ ZIP CODE ▲
	Connected	I Organization	Affiliated Committee	loint Fundraising Represe	ntative Leadership PAC Sponso
Ful	I Name				
	I Name				
	<u> </u>				
	<u> </u>				
Ma	iling Address				
Ma	iling Address		I		
Ma	iling Address		I	Telephone Number	
Ma TI	iling Address			Telephone Number	
Ma Ti 	iling Address	r <b>ies:</b> List all banks		Telephone Number	
Ma TI Banks safety	iling Address	r <b>ies:</b> List all banks		Telephone Number	
Ma TI Banks safety o Name o Deposi	iling Address TLE OR POSITION Or Other Depositor deposit boxes or ma of Bank,	r <b>ies:</b> List all banks		Telephone Number	
Ma TI Banks safety o Name o Deposi	iling Address TLE OR POSITION Or Other Depositor deposit boxes or ma of Bank, tory, etc.	r <b>ies:</b> List all banks		Telephone Number	
Ma TI Banks safety o Name o Deposi	iling Address TLE OR POSITION Or Other Depositor deposit boxes or ma of Bank, tory, etc.	r <b>ies:</b> List all banks		Telephone Number	

	oonit i unululoni	g Participant:			
1.				FEC ID number	C
2	2.			FEC ID number	C
3	<b>3.</b>			FEC ID number	С
4	. <u> </u>			FEC ID number	C
			liated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Sponsor
S	TEFANIK, ELISE	M., , ,			
	Mailing Address	PO BOX 500			
	Maining Address				
		GLENS FALLS			12801
	Relationship:				
					ZIP CODE ▲
	Connected	Organization	Affiliated Committee Jo	int Fundraising Represent	ative X Leadership PAC Sponsor
	<b>gnated Agent:</b> Identify	by name, address	s (phone number - optional)		
Ν	Mailing Address				
	TITLE OR POSITION	▼	CITY A	STATE 🔺	ZIP CODE
L				Telephone Number	
				Telephone Number	
	ks or Other Depositor y deposit boxes or ma				ts funds, holds accounts, rents
safet					– [ – [ – [
safet	y deposit boxes or ma e of Bank, <sub>I</sub>				– L – L
safet	y deposit boxes or ma e of Bank, psitory, etc.				– [ – [ – [
safet	y deposit boxes or ma e of Bank, psitory, etc.				<pre> \ \</pre>

5(g) or (h).	Joint Fundraising	Participant:			
1	<b>I.</b> [ ] ] ] ] ] ] ]			FEC ID number	С
2	2.			FEC ID number	С
3	3.			FEC ID number	С
4	4. 🔄 🖂 🖂 🖂			FEC ID number	C
		rganization, Affiliated Com	nittee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO BOX 500			
		GLENS FALLS		I NY I	12801
	Relationship:	CITY			
	Connected			Fundraising Representa	_
	ignated Agent: Identify	by name, address (phone nu	nber – optional)		
F		by name, address (phone nu	nber – optional)		
F	Full Name	by name, address (phone nu	nber — optional)		
F	Full Name	by name, address (phone nu	nber — optional)		
ľ	Full Name				
ľ	Full Name				
ľ	Full Name			1	<pre></pre>
9. <b>Ban</b> l	Full Name	CITY A		ephone Number	
9. <b>Bani</b> safet Nam	Full Name	CITY A		he committee deposit	
9. <b>Bani</b> safet Nam	Full Name	CITY A	Tel	he committee deposit	s funds, holds accounts, rents
9. <b>Bani</b> safet Nam	Full Name	CITY A	Tel	he committee deposit	s funds, holds accounts, rents
9. <b>Bani</b> safet Nam	Full Name	CITY A	Tel	Pephone Number	s funds, holds accounts, rents

5(g) or	(h). Joint Fundraising	g Participant:	
	1		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4.		FEC ID number
6. N	lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative, or Leadership PAC Sponsor
	Mailing Address	PO BOX 500	
		GLENS FALLS	NY 12801 -
	Relationship:		STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint	Fundraising Representative Leadership PAC Sponso
8. D	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
	1		elephone Number
	Banks or Other Depositor afety deposit boxes or ma		the committee deposits funds, holds accounts, rents
		intains futus.	
	lame of Bank, Depository, etc.		
	Mailing Address		
I I		CITY 🔺	STATE ▲ ZIP CODE ▲

5(g) or (h).	Joint Fundraising	J Participant:		
1.			FEC ID number	С
2.			FEC ID number	C
3.			FEC ID number	С
4.			FEC ID number	С
. Name	of Any Connected	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
ST	EFANIK-MAZI NY			
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:		STATE A	ZIP CODE A
	Connected	Organization Affiliated Committee X Joint I	Fundraising Representa	ative Leadership PAC Sponsor
Fu	III Name			
Ma	ailing Address			
		1		
		1		
т	TILE OR POSITION			
			ephone Number	-   -
. Banks	or Other Depector		ha aammittaa danaait	a funda, halda accounta, ranta
safety	deposit boxes or mai	ies: List all banks or other depositories in which the tintains funds.	ne commitee deposit	s funds, holds accounts, fents
	of Bank, sitory, etc.			
	Mailing Address			
				· · · · · · · · · · · · · · · · · · ·
			L L L L L L L L L L L L L L L L L L L	

5(g) or (h).	Joint Fundraising	9 Participant:						
	1			FEC I	D number	С		
2	2.			FEC I	D number	С		
:	3.			FEC I	D number	С		
4	4.			FEC I	D number	С		
6. Nan	ne of Any Connected (	Organization. Affil	iated Committee. Join	Fundraising Re	presentative	e. or Leade	rship PAC Sp	onsor
	STEFANIK- ESPOSIT	-		5		,		
	Mailing Address	P.O. BOX 500						
		GLENS FALLS			NY	12801		
	Relationship:		CITY A		STATE 🔺		ZIP CODE	
	Connected	Organization	Affiliated Committee	X Joint Fundraisir	ng Representa	ative	eadership PAC	Sponsor
	ignated Agent: Identify Full Name	by name, address	(phone number – optio	onal)				
	Mailing Address							
				1			-  .	1 1
	TITLE OR POSITION	▼			STATE A			
	I	• <u>             </u>		Telephone I	Number			
	iks or Other Depositor		or other depositories in	which the comm	iittee deposit	s funds, ho	ds accounts, r	ents
	ne of Bank, pository, etc.							
	Mailing Address							
			CITY 🔺		STATE 🔺		ZIP CODE 🔺	1