RECEIVED FEC MAIL CENTER

2010 FEB 24 AM 10: 23

FEC

## STATEMENT OF ORGANIZATION

FORM 1 I		O.	IIMA			<b>511</b>													
											_		Off	ice Us	e Only	<i></i>			
NAME OF     COMMITTEE (in	full)	9 9 .	Check if na changed)	ime .		imple: r the		ng, typ	e	12	FE4	4M5		) — () — () — () — () — () — () — () —					
$C_{i} o_{i} m_{i} m_{i} i_{j} t$	te e t	10   E	<u>le c</u>	<b>t</b>   D	a v	<u>i</u> d	L   H	a r	ре	r	<u>L</u>		<u>L</u>			<u></u>		L	J
	<u> </u>		<u> </u>	<u> </u>	11				لــلــ			لــــــــــــــــــــــــــــــــــــــ	<u> </u>						_
ADDRESS (number ar	nd street)	4   8   0	B <sub>l</sub> r <sub>l</sub> c	$o_{\parallel}a_{\parallel}d_{\parallel}$	w a	У					<u></u>		L_i_	1_1		<u> </u>	Ш		J
(Check if ac	dress	Suli	t <sub>1</sub> e <sub>1 1</sub> 2	2 1 4		<u>. L L</u>		1.1		I			<u> </u>			<u></u>			_
is changed)		$S_{\parallel}a_{\parallel}r_{\parallel}$	a <sub>i</sub> t <sub>i</sub> o <sub>i</sub> s	g⊥a¦ S	p :	$r_1 i_1$	n <sub>i</sub> g	S <sub>i</sub>		И	Y			2 8	6 6	<u> </u>			
				C	ITY					STA	Œ			:	ZIP C	ODE			
COMMITTEE'S E-MA	IL ADDRES	SS (Please	provide onl	y one e-n	nail ac	Idress	;)												
(Check if	addrasa	c.o.m	m i t	t e e	t ı	o ¡e	1 e	c <sub>i</sub> t	<u>d</u>	a v	j <b>i</b> j	d ⊥h	⊥a⊥	r <sub>  p</sub>	e	r @	gm	ai]	L co
is change		<u> </u>				1				<u></u>								<u> </u>	
COMMITTEE'S WEB	PAGE ADI	RESS (UF	RL)																
(Check if a	addroog							1 1			1		L L			<u></u>		<u> </u>	_
is changed				<u> </u>	<u> </u>							<u>i</u>						<u></u>	
2. DATE 0 .	M / D 2	8 2 C	1 0		÷														
3. FEC IDENTIFIC	CATION NU	IMBER		С															
4. IS THIS STATEM	MENT X	NEW	(N)	OR			AMEN	DED (	<b>A</b> )										
I certify that I have e	xamined th	is Statemei	nt and to t	he best o	of my	knowl	edge a	and be	lief it	is tru	e, co	rrect	and	com	olete.				
Type or Print Name of	of Treasurer	Ga	ary Has	brouc	k														
Signature of Treasure	,	Many	H		_					Date		м » к )	2	1.	8	2	. V .	1 .0	
NOTE: Submission of f		ous, or inco											the p	oenalt	ies of	2 U.	s.c. (	§437¢	<b></b> }.
Office Use						Feder	ral Elect	nformation Com	missic		1		`			)RM			_ 

ao	e	2

ļ	d	4
1	1	ľ
4	HP.	١
Ĺ	ne.	
Ĺ	1	Ì
ť	٠,	J
ĺ	piles print	)
Î	ď	ļ
ĺ	h h	J
ť,	eles ens	Ì
e	ų,	4

			·	
Г				
1	F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
5.		_	OMMITTEE • 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. (Cominformation below.)	nplete the candidate
	Name Cand		$D_{\mid} a_{\mid} v_{\mid} i_{\mid} \cdot d_{\mid} \mid A_{\bullet} \mid H_{\mid} a_{\mid} r_{\mid} p_{\mid} e_{\mid} r_{\mid} \mid                                    $	
	Cand Party	idate Affiliati	on R,E,P Office Sought: X House Senate President	State N.Y District 2, 0
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand			
	Part	y Con	nmittee:  (National, State	(Democratic,
	(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party.
	Polit	tical A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
		economica.	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)			
			This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee)	egregated fund or party
				egregated fund or party
			committee. (i.e., nonconnected committee)	egregated fund or party
	Joint	t Fund	committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.	egregated fund or party
	Joint	t Fund	committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	wo or more political
		t Fund	committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Iraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	wo or more political
	(g)		In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Iraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	wo or more political
	(g)		In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Iraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	(g)	Com	In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Iraising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.  This pays fundraising expenses and disburses net proceeds for the committees of a federal candidate.	wo or more political
	(g)	Com	In addition, this committee is a Lobbyist/Registrant PAC.  In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  Praising Representative:  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.  This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.  This committees Participating in Joint Fundraiser  FEC ID number	wo or more political

Write or Type Committee Name  Committee to Elect David Harper  Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Garry Hash, brown customer optional customer	FEC Form 1 (Rev	vised 02/2009)	Page <b>3</b>
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor  Mailing Address  Mailing Address  City STATE ZIP CODE  Relationship: Connected Organization [Affiliated Committee] Joint Fundraising Representative [Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.  Full Name  Garty, Hash, Shrouck Island, Sprasses, Sprass			
Mailing Address  CITY  STATE  ZIP CODE  Relationship: Connected Organization  Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  [G_a, r, y,   H_a, s, b, r, q, u, c, k, r, e, e, r, r, r, e, e, r,	•		
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Title or Position  City  State  Zip Code  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  of Treasurer  Gary, Hars broga, Srt, eqt  State  Size In State  Size Zip Code  Title or Position	Name of Any Connec	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Title or Position  City  State  Zip Code  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  of Treasurer  Gary, Hars broga, Srt, eqt  State  Size In State  Size Zip Code  Title or Position			,
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Title or Position  City  State  Zip Code  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  of Treasurer  Gary, Hars broga, Srt, eqt  State  Size In State  Size Zip Code  Title or Position			
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Gary, Hars broga, Srt, eqt  State  Zip Code  Title or Position  City  State  Zip Code  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  of Treasurer  Gary, Hars broga, Srt, eqt  State  Size In State  Size Zip Code  Title or Position			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name   G_a_i_r_y_   H_a_i_s_i_b_r_o_u_c_k	Mailing Address		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name   G_a_i_r_y_   H_a_i_s_i_b_r_o_u_c_k			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor  Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name   G_a_i_r_y_   H_a_i_s_i_b_r_o_u_c_k			
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.  Full Name  Garry Hassbra to garsbra to garsbra to grant to gr		CITY STATE	ZIP CODE
books and records.  Full Name $G_{a} = r$ , $y_{a} = H_{a} = s_{a} = b_{a} = s_{a} = s$	Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.  Full Name $G_{a} = r$ , $y_{a} = H_{a} = s_{a} = b_{a} = s_{a} = s$		•	
Mailing Address    3 6   S t a t e   S t r e e t		s: Identify by name, address (phone number optional) and position of the person in	n possession of committee
Title or Position  CITY  STATE  ZIP CODE  Telephone number  State  Telephone number  Telephone number  State	Full Name G a	i, r, y, H,a,s,b,r,ους k, , , , , , , , , , , , , , , , , , ,	
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph	Mailing Address	[3, 6,  S, t, a, t, e,  S, t, r, e, e, t,	
Title or Position  CITY  STATE  ZIP CODE  Telephone number  Teleph			
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 of Treasurer $G_{ a }r_{ y }H_{ a }s_{ b }r_{ q}u_{ c}k_{ c}$ Mailing Address $3_{ a }f_{ a }s_{ b }r_{ q}u_{ c}k_{ c}$ $S_{ a }r_{ a }t_{ q}g_{ a }s_{ p }r_{ a }n_{ g}s_{ c}$ N  Y  $1_{ a }s_{ b }f_{ c}$ CITY STATE ZIP CODE		Saratoga Springs NY 1.	2 8 6 6 -
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 of Treasurer $G_{ a }r_{ y }H_{ a }s_{ b }r_{ q}u_{ c}k_{ c}$ Mailing Address $3_{ a }f_{ c}s_{ c}s_{ c}r_{ c}s_{ c}s_{ c}r_{ c}s_{ c}$	Title or Position	CITY STATE	ZIP CODE
Full Name of Treasurer $G_1a_1r_1y_1$ $H_1a_1s_1b_1r_2$ $q_1q_2k_1$ $Mailing Address$ $3_16_1s_1r_2$ $s_1r_1e_1s_1r_2$ $s_1r_1e_1e_1t_1$ $s_1r_1e_1s_1r_2$ $s_1r_1e_1e_1t_1$ $s_1r_1e_1s_1r_2$ $s_1r_1e_1e_1t_1$ $s_1r_1e_1s_1r_2$ $s_1r_1e_1e_1t_1$ $s_1r_1e_1s_1r_2$ $s_1r_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1e_1t_1$ $s_1r_1e_1e_1e_1e_1e_1e_1e_1e_1e_1e_1e_1e_1e_$	Treasur	er Telephone number 5 1 8 .	- [8, 5, 2] - [9, 0, 7, 9] (6
of Treasurer $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			e name and address of
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Full Name of Treasurer G   a	ry, Haisbir quek, , , , , , , , , , , , , , , , , , ,	
CITY STATE ZIP CODE Title or Position	Mailing Address	B <sub>i</sub> 6 Staltie Strie e t	
CITY STATE ZIP CODE Title or Position			
		$[e_1r_1]$ Telephone number $[5,1,8]$	·   8   5   2   -   9   0   7   9   (d

	n 1 (Revised	02/2009)					Page 4
Full Name of Designated Agent	<u>L</u>				1 1 1		· · · · · · · · · · · · · · · · · · ·
Mailing Address			<u></u>		<u> </u>	<u> </u>	
					· 		
			CITY		STATE	ZIF	CODE
Title or Position				Telephone nu	mber	<b></b>	<b> -</b>
safety deposit be	oxes or main	tains funds.	other depositories in v	which the commit	tee deposits	funds, holds a	ccounts, rents
Name of Bank, I			dackıTı	riuisiti iC	io imi ni a	<b>11</b> \$\psi   1	
		A d i r o n	dackı (Ti:		ompa	<b>n</b> y	
		A d i r o n	dackıTı		o∣mu∶p∣a	<b>ny</b>	
Name of Bank, I		A   d   i   r   0   n   4   7   3     B   r	o a d w a y		ompa	n y	5. 6
		A   d   i   r   0   n   4   7   3     B   r	o a d w a y i			1   2   8   6	5 d – L 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	T h e	$A_{i}d_{i}i_{j}r_{j}o_{j}n$ $4_{i}7_{i}3_{j}+B_{j}n$ $L_{i}+L_{i}$ $S_{j}a_{j}r_{j}a_{i}t_{j}o_{j}$	oadwalyl Llllllga <sub> </sub> S <sub> </sub> p <sub> </sub> ni		N <sub>1</sub> Y	1   2   8   6	
Mailing Address	T h e	$A_{i}d_{i}i_{j}r_{j}o_{j}n$ $4_{i}7_{i}3_{j}+B_{j}n$ $L_{i}+L_{i}$ $S_{j}a_{j}r_{j}a_{i}t_{j}o_{j}$	oadwalyl Llllllga <sub> </sub> S <sub> </sub> p <sub> </sub> ni		N <sub>1</sub> Y	1   2   8   6	
Mailing Address	T h e	A   d   i   r   o   n 4   7   3     B   n L                 S   a   r   a   t   o	oadwalyl Llllllga <sub> </sub> S <sub> </sub> p <sub> </sub> ni		N <sub>1</sub> Y	1   2   8   6	
Mailing Address  Name of Bank, I	T h e	A   d   i   r   o   n 4   7   3     B   n L                 S   a   r   a   t   o	oadwalyl Llllllga <sub> </sub> S <sub> </sub> p <sub> </sub> ni		N <sub>1</sub> Y	1   2   8   6	
Mailing Address	T h e	A   d   i   r   o   n 4   7   3     B   n L                 S   a   r   a   t   o	oadwalyl Llllllga <sub> </sub> S <sub> </sub> p <sub> </sub> ni		N <sub>1</sub> Y	1   2   8   6	

(3/2005)

## **Federal Election Commission** ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked USPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED