Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) TECHNOLOGY RESEARCH AND INNOVATION PAC 121 State Street ADDRESS (number and street) 4th Floor (Check if address is changed) Albany 12207 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address ryan.horstmyer@srclawoffices.com is changed) Optional Second E-Mail Address sherley.mangroo@srclawoffices.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2023 C00474122 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. Type or Print Name of Treasurer Horstmyer, Ryan, V., Mr., Horstmyer, Ryan, V., Mr., Date 02 01 2024 Signature of Treasurer 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 C	OF COMMITTEE:				
Candid	late 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.)	the candidate			
Name Candid	1				
Candid Party	date Office Sought: House Senate President	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Nam Can	ne of didate	1 1 1 1 1 1			
Party (Committee:				
(d)	This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party			
Politica	al Action Committee (PAC):				
(e)					
		Organization			
	Membership Organization Trade Association Coope	rative			
	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 segregated fund or party 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.)				
(g)	This committee is an independent expenditure-only political committee (Super PAC).				
(3)	In addition, this committee is a Lobbyist/Registrant PAC.				
(b)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid	PAC)			
(h)		FAC).			
	In addition, this committee is a Lobbyist/Registrant PAC.				
Joint F	Fundraising Representative:				
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
Com	mittees Participating in Joint Fundraiser				
20.11	C				

Title or Position ▼

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٧	Vrite or Type Committee						
		GY RESEARCH AND INNOVATION PAC					
6.		eted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor				
	NONE						
	Mailing Address						
			I_I				
		CITY ▲ STATE ▲	ZIP CODE ▲				
	Relationship: Conr	nected Organization	Leadership PAC Sponso				
	Tielationship.	Animated Organization South Fundraising Representative	Leadership 1 AO Sponso				
	books and records. Hors Full Name Mailing Address		2207 				
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE A				
	Treasurer	Telephone number 518	5139				
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 Hors	stmyer, Ryan, V., Mr.,					
	Mailing Address	121 State Street					
		4th Floor					
		Albany NY 12	2207				

CITY A

STATE ▲

Telephone number

518

ZIP CODE ▲

5139

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲ STA	ATE ▲	ZIP CODE ▲			
Banks or Other Deposi safety deposit boxes or i	tories: List all banks or other depositories in which the committee demaintains funds.	eposits funds, holds	accounts, rents			
Name of Bank, Depository, etc.						
Berks	shire Bank					
Mailing Address	30 South Pearl Street					
	12th Floor					
	Albany	NY 12207				
	CITY ▲ STA	ATE A	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STA	ATE A	ZIP CODE ▲			