Only

PAGE 1 / 13

STATEMENT OF **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) NY Republican Federal Campaign Committee 315 State St ADDRESS (number and street) (Check if address is changed) Albany 12210-2001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS mmclam@nygop.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address www.nygop.org is changed) DATE 2023 C00055582 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. Wells, Steven, , , Type or Print Name of Treasurer Wells, Steven, , , [Electronically Filed] 03 2023 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

| FEC Form | n 1 (Revised 03/2022) | Page 2 |
|--------------|--|------------------------|
| . TYPE | OF COMMITTEE: | |
| Cand | lidate 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 t information below.) | he candidate |
| | ne of didate | |
| | didate Office Sought: House Senate President | State |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | ame of andidate | |
| Party | Committee: | |
| (d) x | This committee is a STA (National, State PED (Democrat | tic, n, etc.) Party |
| _ | or substantially softmitted of the Propulsion | |
| Politic | cal Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec | ted organization is a: |
| | Corporation Corporation w/o Capital Stock Labor | Organization |
| | Membership Organization Trade Association Coope | _ |
| | 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) | ed 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 F | 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | 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 |
| Co | ommittees Participating in Joint Fundraiser | |
| 1. | [C | |
| | | |

| I | FEC Form 1 (Revised 0 |)2/2009) | Page 3 |
|----|---|--|--------------------------------|
| V | Write or Type Committee Name NY Republican | Federal Campaign Committee | |
| 6. | | rganization, Affiliated Committee, Joint Fundraising Representative | , or Leadership PAC Sponsor |
| | Republican National | Committee | 1 |
| | | | |
| | | | |
| | Mailing Address | 310 1st St SE | |
| | | | |
| | | W. C. | |
| | | Washington DC | 20003-1885 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization X Affiliated Organization Joint Fundraising Represent | tative Leadership PAC Sponso |
| | | | |
| _ | Out the Court Hand | <u> </u> | |
| 7. | books and records. | ify by name, address (phone number optional) and position of the perso | on in possession of committee |
| | McLam, Ma | arie | |
| | Full Name | ,,, | |
| | Mailing Address | 38 Olympian Drive | |
| | Mailing Address | | |
| | | | |
| | | Slingerlands | 12159-9638 |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Custodian of Records | Telephone number | 518 - 462 - 2601 |
| | | Totophone number | |
| 8. | Treasurer: List the name an | d address (phone number optional) of the treasurer of the committee | e; and the name and address of |
| | any designated agent (e.g., | | |
| | Full Name Wells, Stev | ren, , , | |
| | of Treasurer | | |
| | Mailing Address | 4478 Syracuse Road | |
| | | 1 | |
| | | Cazenovia NY | 13035-9389 |
| | | | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | |
| | Treasurer | Telephone number | 315 - 200 - 1716 |

| FEC Form 1 | (Revised 02/2009) | Page 4 |
|---------------------------------------|--|-------------------------|
| Full Name of Designated Agent | McLam, Marie, , , | |
| Mailing Address | 38 Olympian Drive | |
| | | |
| | Slingerlands NY 1 | 2159-9638 |
| Title or Decition | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Title or Position Assistant Treasur | | 462 2601 |
| Banks or Other safety deposit box | Depositories: List all banks or other depositories in which the committee deposits funds ses or maintains funds. | , holds accounts, rents |
| Name of Bank, D | epository, etc. | |
| Mailing Address | Trustco P.O. 1082 | |
| | Schenectady NY 12 | 2301 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| Name of Bank, D | epository, etc. | |
| | BB&T | |
| Mailing Address | 2200 Wilson Blvd | |
| | Suite 100 | |
| | Arlington VA 22 | 2201 |
| | CITY ▲ STATE ▲ | ZIP CODE ▲ |

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

Updated Form 1 to address March 7, 2023 Request for Additional Information Item 1 - Disclosing Schmitt Victory Fund as Joint Fundraising Representative. Also, updated Form 1 with the new Treasurer information.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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| (h). Joint Fundraisir | | FEC ID number | С |
|--|---|----------------------------|---------------------------|
| 1. | | FEC ID number | C |
| 2. | | | |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | C |
| lame of Any Connected | Organization, Affiliated Committee, Joint Fundr | aising Representative | e. or Leadership PAC Spon |
| Take Back The H | _ | | |
| | | | |
| | DO D20044 | | |
| Mailing Address | PO Box 30844 | | |
| | | | |
| | Bethesda | , , MD | 20824-0844 |
| Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Connecte | d Organization Affiliated Committee | Fundraising Representa | ative Leadership PAC Sp |
| esignated Agent: Identif | 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 |
| esignated Agent: Identif | | Fundraising Representa | Leadership PAC Sp |
| esignated Agent: Identif | y by name, address (phone number – optional) | Fundraising Representation | Leadership PAC Sp |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone number – optional) CITY | | |
| esignated Agent: Identification of the properties of the propertie | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposited afety deposit boxes or mailing and the control of Bank, Capital | y by name, address (phone number – optional) CITY CITY Te | STATE A | ZIP CODE A |
| Full Name | y by name, address (phone number – optional) CITY CITY Telepries: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material and the control of the control | y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or material boxes or material and the control of the control | y by name, address (phone number – optional) CITY CITY Teleprises: List all banks or other depositories in which aintains funds. | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

Page _____ **of** ______

| (h). Joint Fundraisi r | ng Participant: | | |
|---|---|---------------------------|-----------------------------|
| 1. | | FEC ID number | С |
| 2 | | FEC ID number | С |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connected Garbarino Victory | Organization, Affiliated Committee, Joint Fund | draising Representativ | re, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO Box 101 | | |
| | | | |
| | Bayport | NY | 11705-0101 |
| Dalatianalain | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | int Fundraising Represent | tative Leadership PAC Spo |
| Connecte | d Organization Affiliated Committee | int Fundraising Represent | tative Leadership PAC Spo |
| Connecte Connecte Connecte | d Organization Affiliated Committee | int Fundraising Represent | tative Leadership PAC Spo |
| Connecte Designated Agent: Identif | d Organization Affiliated Committee | int Fundraising Represent | tative Leadership PAC Spo |
| Connecte Designated Agent: Identif | d Organization Affiliated Committee | int Fundraising Represent | tative Leadership PAC Spo |
| Connecte Designated Agent: Identif | d Organization Affiliated Committee Joint | int Fundraising Represent | Leadership PAC Spo |
| Connecte Designated Agent: Identif Full Name Mailing Address | d Organization Affiliated Committee Joint | | |
| Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mail | d Organization Affiliated Committee Joint | STATE Telephone Number | ZIP CODE A |
| Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or mailing and afety | d Organization Affiliated Committee Joint | STATE Telephone Number | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

| or(h). Joint Fundraising | Participant: | | |
|---|--|------------------------|-----------------------------|
| 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 | , or Leadership PAC Sponsor |
| Claudia Tenney Fo | or Congress Victory Fund | | |
| | | | |
| Mailing Address | PO Box 244 | | |
| | Clinton | NY | 13323-0244 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| Connected | Organization Affiliated Committee X Joint | Fundraising Representa | tive Leadership PAC Spon |
| Designated Agent: Identify | harmonia and disease (selection and second a | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| | by name, address (phone number – optional) | | |
| Full Name | by name, address (phone number – optional) | | |
| Full Name Mailing Address | CITY A | STATE A | ZIP CODE A |
| Full Name | CITY A | STATE A | ZIP CODE A |
| Full Name Mailing Address TITLE OR POSITION | CITY A | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY CITY Te ies: List all banks or other depositories in which ntains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY A Te ies: List all banks or other depositories in which | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY CITY Te ies: List all banks or other depositories in which ntains funds. | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY CITY Te ies: List all banks or other depositories in which ntains funds. National Bank | elephone Number | |
| Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY CITY Te ies: List all banks or other depositories in which ntains funds. National Bank | elephone Number | |

FEC Form 1S (Revised 02/2017)

Page ____ **of** ______

| 5(g) c | or(h). Joint Fundraisin | g Participant: | |
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| | 1. | | FEC ID number |
| | 2. | | FEC ID number |
| | 3. | | FEC ID number C |
| | 4 | | FEC ID number |
| 6. | Name of Any Connected Elise Victory Fund | Organization, Affiliated Committee, Joint Fundrais | ing Representative, or Leadership PAC Sponsor |
| | | | |
| | | | |
| | Mailing Address | PO Box 500 | |
| | | | |
| | | Glens Falls | NY 12801-0500 - |
| | Relationship: | CITY A | STATE ▲ ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee X Joint Fu | ndraising Representative Leadership PAC Sponsor |
| | | | |
| 8. | Designated Agent: Identify | by name, address (phone number - optional) | |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – optional) | |
| 8. | | by name, address (phone number – optional) | |
| 8. | Full Name | by name, address (phone number – optional) | |
| 8. | Full Name | by name, address (phone number – optional) | |
| 8. | Full Name | CITY A | STATE A ZIP CODE A |
| 8. | Full Name Mailing Address | CITY A | |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail | CITY CITY Telep ries: List all banks or other depositories in which the aintains funds. | STATE ZIP CODE shone Number |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Trustoo | CITY CITY Telep ries: List all banks or other depositories in which the aintains funds. | STATE ZIP CODE shone Number |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail | CITY CITY Telep ries: List all banks or other depositories in which the aintains funds. | STATE ZIP CODE shone Number |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | CITY CITY Telep ries: List all banks or other depositories in which the aintains funds. | STATE ZIP CODE shone Number |
| 9. | Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mail Name of Bank, Depository, etc. | CITY CITY Telep ries: List all banks or other depositories in which the aintains funds. | STATE ZIP CODE shone Number |

FEC Form 1S (Revised 02/2017)

Page _____ **of** ______

| 5(g) | or(h). Joint Fundraisin | g Participant: | | | |
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| | 1. | | FEC II | 0 number | C |
| | 2. | | FEC II | 0 number | C |
| | 3 | | FEC II | 0 number | C |
| | 4 | | FEC II | O number | C |
| 6. | Name of Any Connected Malliotakis Victory | Organization, Affiliated Committee, Join Committee | t Fundraising Re | oresentative | e, or Leadership PAC Sponsor |
| | | | | | |
| | Mailing Address | P.O. Box 68 | | | |
| | | South Salem | | NY | 10590- |
| | Relationship: | CITY A | | STATE A | ZIP CODE ▲ |
| | Connected | d Organization Affiliated Committee | Joint Fundraising | g Representa | tive Leadership PAC Sponsor |
| 8. | Designated Agent: Identify Full Name | by name, address (phone number – opti | onal) | | |
| | Mailing Address | | | | |
| | | | | | |
| | | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | | STATE A | ZIP CODE ▲ |
| | | | Telephone N | umber | |
| 9. | Banks or Other Deposito safety deposit boxes or many Name of Bank, Depository, etc. | | n which the commi | ttee deposits | s funds, holds accounts, rents |
| | Mailing Address | P.O. Box 1082 | | | |
| | | | | | |
| | | Schenectady | | NY | 12301 |
| | | CITY A | | STATE ▲ | ZIP CODE ▲ |

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| h). Joint Fundraisi r | g Participant: | | | |
|---|---|--------------------|---------------------|----------------------------|
| 1. | | | FEC ID number | С |
| 2. | | | FEC ID number | С |
| 3. | | | FEC ID number | С |
| 4. | | | FEC ID number | С |
| | | | | |
| ame of Any Connected | Organization, Affiliated Commit | tee, Joint Fundrai | sing Representati | ve, or Leadership PAC Spon |
| Protect The Hous | e 2024 | | | |
| 1 | | | | |
| | | | | |
| Mailing Address | PO Box 30844 | | | |
| | | | | |
| | Bethesda | | MD | 20824-0844 |
| Relationship: | CITY A | | STATE A | ▲ ZIP CODE ▲ |
| · | | | | |
| | d Organization Affiliated Comm | | Fundraising Represe | ntative Leadership PAC Sp |
| esignated Agent: Identif | | | Fundraising Represe | Leadership PAC Sp |
| esignated Agent: Identif | | | Fundraising Represe | Leadership PAC Sp |
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| esignated Agent: Identif | y by name, address (phone numb | | Fundraising Represe | |
| esignated Agent: Identif Full Name Mailing Address | y by name, address (phone numb | er – optional) | | |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | y by name, address (phone numb | er – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION | ries: List all banks or other depo | er – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or m | y by name, address (phone numb | er – optional) | STATE A | ZIP CODE A |
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| esignated Agent: Identification Full Name | ries: List all banks or other depo- aintains funds. | er – optional) | STATE A | ZIP CODE A |
| esignated Agent: Identification Full Name | ries: List all banks or other depo- aintains funds. | er – optional) | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

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

Page ____ **of** _____

| (h). Joint Fundrais | ing Participant: | | |
|--|--|--------------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | C |
| 4. | | FEC ID number | С |
| | | | |
| | d Organization, Affiliated Committee, Joint Fun | draising Representative | e, or Leadership PAC Spons |
| Schmitt Victory F | -und | | |
| | | | |
| Mailing Address | PO Box 67 | | |
| | | | |
| | South Salem | NY | 10590-0067 |
| | OIT)/ A | STATE ▲ | ZIP CODE ▲ |
| Relationship: | CITY ▲ ed Organization Affiliated Committee ✓ Jo | int Fundraising Representa | ative Leadership PAC Spo |
| Connect | | int Fundraising Representa | ative Leadership PAC Spo |
| Connect | ed Organization Affiliated Committee | int Fundraising Representa | ative Leadership PAC Spo |
| Connect Designated Agent: Ident | ed Organization Affiliated Committee | int Fundraising Representa | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee | int Fundraising Representa | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee | int Fundraising Representa | ative Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name | ed Organization Affiliated Committee Joint | int Fundraising Representation | Leadership PAC Spo |
| Connect Designated Agent: Ident Full Name Mailing Address | ed Organization Affiliated Committee Joint | | |
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| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposition | ed Organization | STATE A Telephone Number | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions afety deposit boxes or research. | ed Organization | STATE A Telephone Number | ZIP CODE A |
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| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or residence of Bank, TD Boxes or residence of Bank, Depository, etc. | ed Organization | STATE A Telephone Number | ZIP CODE A |
| Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or residence of Bank, TD Boxes or residence of Bank, Depository, etc. | ed Organization | 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

Page ____ **of** _____

| 8302 Woodmont Avenue | | |
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| -argo | | |
| | or are committee de | poone rarrae, riorde decourité, relles |
| ries: List all banks or other depositories in | which the committee de | posits funds, holds accounts, rents |
| | Telephone Number | |
| ▼ CITY ▲ | STATE | ▲ ZIP CODE ▲ |
| | | |
| | | |
| | | |
| | | |
| by name, address (phone number – option | onal) | |
| d Organization Affiliated Committee | Joint Fundraising Repre | esentative Leadership PAC Spor |
| CITY ▲ | STAT | E ▲ ZIP CODE ▲ |
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| Transcription : | | |
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| Organization, Affiliated Committee, Join | t Fundraising Represen | tative, or Leadership PAC Sponso |
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| | | |
| | | |
| | Organization, Affiliated Committee, Join CITY d Organization Affiliated Committee by hy name, address (phone number – option CITY CITY Fies: List all banks or other depositories in aintains funds. Fargo | Organization, Affiliated Committee, Joint Fundraising Representation CITY STAT Gorganization Affiliated Committee Joint Fundraising Representation by name, address (phone number – optional) CITY STAT Telephone Number Tries: List all banks or other depositories in which the committee desintains funds. Fargo |