## STATEMENT OF

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FORM 1		0	RGAN	IIZA	TIC	N						(	Office	Use O	ınlı			
1. NAME OF COMMITTEE (ir	ı full)		Check if nan changed)	ne		nple:If t		type	1	2F	E4M	-	Jilice	Use O	illy			
Mazi for Cor	gress																	
ADDRESS (number a	nd street)	228 S. W	ashington St.	1 1 1	1 1		1 1	1 1		1	1 1	ı	l l	1 1	ı	l I	1 1	
(Check if a	address	Ste. 115		1 1 1	1 1		1 1	1 1			1 1	ı	1 1	1 1			1 1	_
is changed	1)	Alexandri	ia ΓY ▲							VA STATE		22	314	Z		ODE 4	<u>                                     </u>	_
COMMITTEE'S E-MA	AIL ADDRES	SS																
(Check if a is changed		llisker@l	ndlfec.com															
			Second E-M hdlfec.com	ail Addr	ess													
COMMITTEE'S WEB  (Check if a is changed	address		RL) gress.com															
2. DATE 00			y y y 2024															
3. FEC IDENTIFIC	CATION NU	MBER ▶		C 000	)860429	)												
4. IS THIS STATEM	MENT	NEW	(N) <b>C</b>	)R	×	AM	IENDE	D (A)										
certify that I have e	examined thi	s Stateme	nt and to the	e best o	of my k	nowled	ge and	belief	it is t	rue,	corre	ct an	d cor	mplet	э.			
Type or Print Name	of Treasurer	Lisker, L	isa, , ,															
Signature of Treasure	er L <u>isker</u>	, Lisa, , ,							Da	te	М	)6	/	03	/ [	202	24	Y
NOTE: Submission of	false, errone		mplete inform										e pen	alties	of 52	U.S.C	C. §30	)109.
Office Use						For furti Federal Toll Free	Election	Commis		ct:					OR d 06/2	<b>PM 1</b> 2012)		_

Local 202-694-1100

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TYPE OF COMMITTEE:	
Candidate 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. (Complete t information below.)	he candidate
Name of Candidate Pilip, Mazi, Melesa, ,	
Candidate Party Affiliation  REP  Office Sought:  House  Senate President	State NY District 03
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican	ic, n, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ted organization is a:
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Cooper	rative
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
Committees Participating in Joint Fundraiser	
1 C	

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۷	Vrite or Type Committee Name			
6.	Mazi for Congres	S ganization, Affiliated Committee, Joint Fu	ndraising Representat	tive or Leadershin PAC Sponsor
0.	Stefanik-Mazi Victory	gamzation, Anniated Committee, Comt Ful	ndraising nepresental	ive, or Leadership PAC Sponsor
	Mailing Address	228 S Washington St Ste 115		
	J			
		<sub>1</sub> Alexandria	, VA	, , 22314
		CITY ▲	STATE	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optiona	al) and position of the pe	erson in possession of committee
	Lisker, Lisa			
	Full Name	 		
	Mailing Address	228 S. Washington St.		
		Ste. 115		
		Alexandria	, , , , VA	22314
		OITV A	OTATE	7ID CODE A
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	Treasurer		Telephone number	703 - 549 - 7705
8.	any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the comm	ittee; and the name and address of
	Full Name Lisker, Lisa of Treasurer	,, 		
	Mailing Address	228 S. Washington St.		
	Mailing Address	Ste. 115		
		<sub>1</sub> Alexandria	ı VA	22314
	Tille on Decition	CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			. 702 540
	Treasurer		Telephone number	703 - 549 - 7705

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Full Name of Designated Agent	Moose, Taylor, , ,		
Mailing Address	228 S. Washington St.		
	Ste. 115		
	Alexandria	VA VA	22314
Title on Decision	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position  Assistant Treasur		number 70	3 549 7705
	<b>Depositories:</b> List all banks or other depositories in which the comres or maintains funds.	nittee deposits fu	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave.		
	McLean	Ŭ VA □	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
Mailing Address			
	CITY A	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_ **of** 5\_\_\_

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
		_	
ame of Any Connected	Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spon
Mazi Victory Fund			
Mailing Address	228 S Washington St Ste 115		
Mailing Address			
	Alexandria		20244
	Alexandria	L VA	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	Affiliated Committee X  fy by name, address (phone number – optional	Joint Fundraising Represen	tative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional		ZIP CODE A
esignated Agent: Identing Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional	al)	
esignated Agent: Identing Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional distribution).	STATE A	
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional state of the control	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 marketed and ma	fy by name, address (phone number – optional state of the control	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION	city by name, address (phone number – optional control of the cont	STATE A  Telephone Number  hich the committee depos	ZIP CODE A
esignated Agent: Identification  Full Name	city by name, address (phone number – optional control of the cont	STATE A  Telephone Number  hich the committee depos	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.	fy by name, address (phone number – optional control of the contro	STATE A  Telephone Number  hich the committee depos	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.	fy by name, address (phone number – optional control of the contro	STATE A  Telephone Number  hich the committee depos	ZIP CODE A