FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Garbarino for Congress PO Box 101 ADDRESS (number and street) (Check if address is changed) **Bayport** 11705 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address llisker@hdafec.com is changed) Optional Second E-Mail Address cstamper@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.garbarinoforny.com (Check if address is changed) DATE 2024 C00729954 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Lisker, Lisa, , Date 02 07 2024 Signature of Treasurer Lisker, Lisa, , , 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

E	C Form 1 (Revised 03/2022)	Page 2
	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 the information below.)	candidate
	Name of Candidate Garbarino, Andrew, R, ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State NY District 02
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	rganization
	Membership Organization Trade Association Cooperate	tive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	I 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 PA	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	EEC Form 4 (Davis - 4 C	0/2000)	Dogo 2
۱۸	FEC Form 1 (Revised 0) Write or Type Committee Name	212009)	Page 3
۷۱	Garbarino for Co	naress	
<u> </u>		rganization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Snonsor
	GARBARINO VICTO		I AO OPOIISOI
	3, 11, 12, 11, 11, 11, 11, 11, 11, 11, 11		
	Mailing Address	PO BOX 101	
		BAYPORT NY 11705	-
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected		eadership PAC Sponse
	neiationship.	Organization Affiliated Organization X Joint Fundraising Representative L	eadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possession	on of committee
	Lisker, Lisa		
	Full Name	,,, 	
	Mailing Address	228 S Washington St	
	Ü	Ste 115	
		Alexandria , VA , 22314	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	549 - 7705
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the naissistant treasurer).	me and address of
	Full Name Lisker, Lisa	,,,	
	of Treasurer	200 0 W 1 1 1 0 0 1	
	Mailing Address	228 S Washington St	
		Ste 115	
		Alexandria VA 22314	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		549 7705

FEC Form 1 (F	Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
		Telephone number	
Banks or Other De safety deposit boxes	positories: List all banks or other depositories in whice or maintains funds.	h the committee deposits fur	nds, holds accounts, rents
Name of Bank, Dep	ository, etc.		
Т	D Bank		
Mailing Address	188 North Main Street		
	Sayville	NY NY	11782
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
v	Vells Fargo		
Mailing Address	8302 Woodmont Ave.		
	Bethesda	MD	20814
	CITY ▲	STATE ▲	ZIP CODE ▲

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 Fundrais	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connecte	d Organization, Affiliated Committee, Joint Fund	draising Representative	e or Leadershin PAC Snons
-	USE NEW YORK 2024		., or Educational Fixe Openio
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Data Caralleta		STATE A	ZIP CODE ▲
	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Spo
Connect	ed Organization Affiliated Committee X Joi	nt Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joi	nt Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional)		
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or related to the position of Bank, Depository, etc. Truist	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional) CITY A CITY A Cories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Deposite tafety deposit boxes or related to the position of Bank, Truist	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE ZIP CODE ss funds, holds accounts, rents
Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITIO Banks or Other Depositions boxes or related to the position of Bank, Depository, etc. Truist	ed Organization Affiliated Committee X Joi ify by name, address (phone number – optional) CITY ▲ CITY ▲ Cories: List all banks or other depositories in which naintains funds.	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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected GROW THE MAJOF	l Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , , , VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Jo fy by name, address (phone number – optional)	int Fundraising Representa	ative Leadership PAC Sp
		int Fundraising Representa	Leadership PAC Spo
esignated Agent: Identi		int Fundraising Representa	Leadership PAC Spo
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Pesignated Agent: Identi	fy by name, address (phone number – optional) CITY		
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposit afety deposit boxes or management.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Canks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds. Bridge Bank	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

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h). Joint Fundraisi	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
		_	
-	d Organization, Affiliated Committee, Joint Fu	ındraising Representativ	e, or Leadership PAC Spons
Lexington Victory Co	ommittee 		
Mailing Address	824 S Milledge Ave		
	Ste 101		
	Athens	GA	30605
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X	Joint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Ative Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of t	fy by name, address (phone number – optional CITY ▲ Ories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification of the serious part of the serious	fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	ZIP CODE A