Only

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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) STV GROUP INC POLITICAL ACTION COMMITTEE **Empire State Building** ADDRESS (number and street) 350 5th Ave, 10th Floor (Check if address is changed) New York 10118 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address chris.statham@stvinc.com is changed) Optional Second E-Mail Address kristina.raevska@stvinc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00214866 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 Statham, Chris,, 07 24 2024 Signature of Treasurer Statham, Chris, , , 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 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. (Complet information below.)	e the candidate
Name of	
Candidate	
Candidate Office House Senate President	State
Party Affiliation Sought: House Senate President	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Democ	cratic, ican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
X Corporation Corporation w/o Capital Stock Labor	or Organization
	pperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation	gated 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).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	d 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.	· ·
(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.	vo or more political
Committees Participating in Joint Fundraiser	
1C	
C	

Title or Position ▼

Treasurer

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٧	Vrite or Type Commi		
_		UP INC POLITICAL ACTION COMMITTEE	
6.	_	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	STV Infrastru	icture PAC 	
	Mailing Address	Empire State Building	
		350 5th Ave, 10th Flood	
		New York NY 10018	
		CITY ▲ STATE ▲ ZIF	CODE A
	Relationship:	Connected Organization X Affiliated Organization Joint Fundraising Representative Lead	dership PAC Sponso
7.	Custodian of Reco	ords: Identify by name, address (phone number optional) and position of the person in possession s.	of committee
	Full Name	Statham, Chris, , ,	
	Mailing Address	Empire State Building	
		350 5th Ave, 10th Floor	1 1 1 1 1 1
		New York NY 10118	. _
	Title or Position ▼	CITY ▲ STATE ▲ ZIF	P CODE ▲
	Treasurer		6158
8.		e name and address (phone number optional) of the treasurer of the committee; and the name tent (e.g., assistant treasurer).	and address of
	Full Name of Treasurer	Statham, Chris, , ,	
	Mailing Address	Empire State Building	<u> </u>
		350 5th Ave, 10th Floor	
		New York INY 10118	

CITY A

ZIP CODE ▲

6158

STATE lacktriangle

Telephone number

678

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Full Name of Designated Agent	Smeltzer, Matthew, , ,		
Mailing Address	350 5th Ave		
	10th Floor		
	New York	NY 10118	
Title or Position ▼	CITY A	STATE ▲ ZIP CODE ▲	
Assistant Treasur	rer	ephone number 610 - 334 - 2610)
	Depositories: List all banks or other depositories in which the xes or maintains funds.	ne committee deposits funds, holds accounts, rents	
Name of Bank, D	epository, etc.		
	Santander Bank NA		
Mailing Address	450 Penn St		
	Reading	PA 19602	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, D	epository, etc.		
Mailing Address			
	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	3		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
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ame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spon
STV Group Inc			
	Empire State Building		
Mailing Address			
	350 5th Ave, 10th Floor		
	New York	NY NY	10118
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
X Connect	ed Organization Affiliated Committee J	oint Fundraising Represent	ative Leadership PAC Sp
X Connect			ative Leadership PAC Sp
X Connect			ative Leadership PAC Sp
Connect esignated Agent: Ident Full Name			ative Leadership PAC Sp
Connect esignated Agent: Ident Full Name			ative Leadership PAC Sp
Connect esignated Agent: Ident Full Name	ify by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION	ify by name, address (phone number – optional	STATE A	
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Anks or Other Deposit	ify by name, address (phone number – optional CITY CITY Cories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION Anks or Other Deposit afety deposit boxes or necessity.	ify by name, address (phone number – optional CITY CITY Cories: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or name of Bank,	ify by name, address (phone number – optional CITY A CITY A cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional CITY CITY Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional CITY CITY Cories: List all banks or other depositories in whenaintains funds.	STATE A Telephone Number	ZIP CODE A