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. NYIC Political Action Fund 131 West 33rd Street, Suite 610 ADDRESS (number and street) (Check if address is changed) New York 10001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address epatka@nyic.org is changed) Optional Second E-Mail Address mawawdeh@nyic.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2022 C00760132 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 Patka, Emily, , Date 10 06 2023 Signature of Treasurer Patka, Emily, , , 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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FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign or information below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) X This committee is an independent expenditure-only political committee (Super Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name	E 1	
	NYIC Political Ac	CTION FUNC ganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadarshin PAC Sponsor
<i>,</i> .	NONE	gamzation, Anniated Committee, Commit undraising nepresentative, C	Leadership PAO Sponsor
	Mailing Address		
			1
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representation	ve Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the person in	n possession of committee
	Patka, Emi	V	
	Full Name	,,,, 	
	Mailing Address	c/o NYIC Action	
		131 West 33rd St., Suite 610	
		New York NY	10001
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
	Treasurer		2 627 2227
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Patka, Emi	у, , ,	
		ıc/o NYIC Action	
	Mailing Address	131 West 33rd St., Suite 610	
		New York NY	10001
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	21 Telephone number	2

FEC Form 1	Revised 02/2009)	Page 4
Full Name of Designated Agent [Mailing Address	Patka, Emily, , , c/o NYIC Action 131 West 33rd St., Suite 610 New York	NY 10001
Title or Position ▼	CITY ▲	STATE ▲ ZIP CODE ▲
Treasurer	Telephone r	number 212 - 627 - 2227
	epositories: List all banks or other depositories in which the commes or maintains funds.	nittee deposits funds, holds accounts, rents
Name of Bank, De	pository, etc.	
Mailing Address	Amalgamated Bank 275 7th Avenue New York	NY 10001
	CITY A	STATE ▲ ZIP CODE ▲
Name of Bank, De	pository, etc.	
L		
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 Fundraisi	ig Faiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representativ	re, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee by by name, address (phone number – option	Joint Fundraising Represen	tative Leadership PAC Sp
	y by name, address (phone number – option		tative Leadership PAC Sp
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esignated Agent: Identing Choi, Stranger Land Land Land Land Land Land Land Land	y by name, address (phone number – option even, , , 509 48th Ave		Leadership PAC Sp
esignated Agent: Identing Choi, Standard Choi, Stan	y by name, address (phone number – option even, , , , , , , , , , , , , , , , , , ,	ai)	
esignated Agent: Identii Choi, St Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – option even, , , , , , , , , , , , , , , , , , ,	al)	11101
esignated Agent: Identii Choi, St Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – option even, , , , , , , , , , , , , , , , , , ,	al) NY STATE A	11101
esignated Agent: Identii Choi, St Full Name Mailing Address TITLE OR POSITION Anks or Other Deposite	y by name, address (phone number – option even, , , 509 48th Ave Apt 3M Long Island City CITY Ories: List all banks or other depositories in v	al) NY STATE Telephone Number	11101 ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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A. FEC ID number C State	2.		FEC ID number	С
Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization	3.		FEC ID number	С
Iame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spon Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, , . Full Name Valenzuela, Sara, , . Apt 10E	4.		FEC ID number	С
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundralising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, Full Name Valenzuela, Sara, Mailing Address 649 E 14th St Apt 10E New York NY 10009 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, , , Full Name Apt 10E New York NY 10009 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	lame of Any Connected C	rganization, Affiliated Committee, Joint	Fundraising Representativ	ve, or Leadership PAC Spons
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, , , Full Name Apt 10E New York NY 10009 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —				
Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC S esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, , , Full Name Apt 10E New York NY 10009 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —				
Connected Organization	Mailing Address			
Connected Organization				
Connected Organization				
esignated Agent: Identify by name, address (phone number – optional) Valenzuela, Sara, , , Full Name Mailing Address Apt 10E New York TITLE OR POSITION CITY STATE ZIP CODE anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, renafety deposit boxes or maintains funds. ame of Bank, epository, etc.	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Apt 10E New York				
Apt 10E New York	esignated Agent: Identify , Valenzuela	by name, address (phone number - option		
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TITLE OR POSITION Telephone Number	esignated Agent: Identify Valenzuela Full Name	oy name, address (phone number – option a, Sara, , , 649 E 14th St		
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