FEC

Only

STATEMENT OF

PAGE 1/6 •

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@nyicaction.org is changed) Optional Second E-Mail Address 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

C Form	1 (Revised 03/2022) Page 2
TYPE C	DF COMMITTEE:
Candio	date 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 candidate information below.)
Name Candi	1
Candi Party	date Office State Affiliation Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	ne of didate
Party (Committee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
Politica	al Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 a separate segregated 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) X	This committee is an independent expenditure-only political committee (Super PAC).
.5/ /	In addition, this committee is a Lobbyist/Registrant PAC.
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.
Joint F	Fundraising Representative:
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Com	nmittees Participating in Joint Fundraiser
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J	FEC Form 1 (Revised 0	2/2009)		l Page 3
٧	Vrite or Type Committee Name	ation Fund		
6.	NYIC Political Ac	CHOIL FUIIU rganization, Affiliated Committee, Joi	nt Fundraising Representat	ive, or Leadership PAC Sponsor
	NONE	_		
	Mailing Address	I		
	Walling Address			
				1 1
		CITY ▲	STATE	ZIP CODE A
	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 o	ptional) and position of the pe	erson in possession of committee
	Patka, Emil	у, , ,		
	Full Name	c/o NYIC Action		
	Mailing Address	131 West 33rd St., Suite 610		
		New York	, NY	10001
	Title or Position ▼	CITY ▲	STATE	ZIP CODE ▲
	Treasurer		Telephone number	212 627 - 2227
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) cassistant treasurer).	of the treasurer of the commi	ittee; and the name and address of
	Full Name Patka, Emil of Treasurer	y, , ,		
	Mailing Address	c/o NYIC Action		
		131 West 33rd St., Suite 610		
		New York	NY	10001
		CITY ▲	STATE	ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	212 - 627 - 2227

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Patka, Emily, , ,		
Mailing Address	c/o NYIC Action 131 West 33rd St., Suite 610		
	New York	NY 100	001
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer		ne number 212	- 627 - 2227
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits funds,	holds accounts, rents
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	273 / III Avenue		
	New York	NY 100	01 - - - -
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	<u> </u>		
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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Page	01	

(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: Identii	y by name, address (phone number – option even, , ,		Leadership PAC Sp
esignated Agent: Identing Choi, Stranger Land	y by name, address (phone number – option even, , , 509 48th Ave		Leadership PAC Sp
esignated Agent: Identing Choi, State of Choi, Stat	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	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
esignated Agent: Identification Choi, Standard Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market and the content of the c	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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FEC Form 1S (Revised 02/2017)

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

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TITLE OR POSITION Title OR POSITION Title OR POSITION Title OR Positions: Title OR Positions Title OR Positions: Title OR Positions Title OR Positions Title OR Positions: Title OR Pos	(h). Joint Fundraising	Participant:		
3. 4. FEC ID number C FEC ID number ID FEL ID Number ID FEC ID Number ID FEL ID Number	1.		FEC ID number	С
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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