

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Pat Ryan for Congress

ADDRESS (number and street)

PO Box 2113

☐ (Check if address is changed)

Kingston

CITY ▲

NY

STATE ▲

12402

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@patryanforcongress.com

Optional Second E-Mail Address

contact@beecompliance.co

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

patryanforcongress.com

2. DATE

06 / 14 / 2023

3. FEC IDENTIFICATION NUMBER ►

C C00815290

4. 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 Brown, Wyatt, , ,

Signature of Treasurer

Brown, Wyatt, , ,

[Electronically Filed]

Date

06 / 14 / 2023

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  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

## 5. 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 candidate information below.)

Name of Candidate Ryan, Patrick, , ,

Candidate Party Affiliation DEM Office Sought: ☒ House ☐ Senate ☐ President State NY District 18

- (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 \_\_\_\_\_ (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 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) ☐ 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 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 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.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_

2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

Pat Ryan for Congress

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Pat Ryan Victory Fund

Mailing Address

PO Box 2113

Kingston

NY

12402

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Brown, Wyatt, , ,

Mailing Address

PO Box 2113

Kingston

NY

12402

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202

548

0880

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Brown, Wyatt, , ,

Mailing Address

PO Box 2113

Kingston

NY

12402

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

202

548

0880

Full Name of  
Designated  
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

|    |                      |               |                                |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

New York House Majority Makers

|                                                 |                                               |                                                                      |                                                 |
|-------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------|-------------------------------------------------|
| Mailing Address                                 | <input type="text" value="PO Box 65322"/>     |                                                                      |                                                 |
|                                                 | <input type="text"/>                          |                                                                      |                                                 |
|                                                 | <input type="text" value="Washington"/>       | <input type="text" value="DC"/>                                      | <input type="text" value="20035"/>              |
| Relationship:                                   | CITY ▲                                        | STATE ▲                                                              | ZIP CODE ▲                                      |
| <input type="checkbox"/> Connected Organization | <input type="checkbox"/> Affiliated Committee | <input checked="" type="checkbox"/> Joint Fundraising Representative | <input type="checkbox"/> Leadership PAC Sponsor |

8. **Designated Agent:** Identify by name, address (phone number – optional)

|                      |                                                                                     |                      |                      |
|----------------------|-------------------------------------------------------------------------------------|----------------------|----------------------|
| Full Name            | <input type="text"/>                                                                |                      |                      |
| Mailing Address      | <input type="text"/>                                                                |                      |                      |
|                      | <input type="text"/>                                                                |                      |                      |
|                      | <input type="text"/>                                                                | <input type="text"/> | <input type="text"/> |
| TITLE OR POSITION ▼  | CITY ▲                                                                              | STATE ▲              | ZIP CODE ▲           |
| <input type="text"/> | Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/> |                      |                      |

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

|                                   |                      |                      |                      |
|-----------------------------------|----------------------|----------------------|----------------------|
| Name of Bank,<br>Depository, etc. | <input type="text"/> |                      |                      |
| Mailing Address                   | <input type="text"/> |                      |                      |
|                                   | <input type="text"/> |                      |                      |
|                                   | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|                                   | CITY ▲               | STATE ▲              | ZIP CODE ▲           |

5(g) or (h). **Joint Fundraising Participant:**

|    |                      |               |                                |
|----|----------------------|---------------|--------------------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text" value="C"/> |

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

End Citizens United - Priority 2024

Mailing Address   
  
   -   
Relationship:  CITY ▲  STATE ▲  ZIP CODE ▲

☐ Connected Organization ☐ Affiliated Committee ☒ Joint Fundraising Representative ☐ Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name   
Mailing Address   
  
   -   
TITLE OR POSITION ▼  CITY ▲  STATE ▲  ZIP CODE ▲  
 Telephone Number  -  -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,  
Depository, etc.   
Mailing Address   
  
   -   
CITY ▲  STATE ▲  ZIP CODE ▲