06/13/2024 13 : 48

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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1	STATEMEN ORGANIZA		o	PAGE 1 / 16
1. NAME OF COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
Brandon For Cong	gress NY22			
	PO Box 3580			
ADDRESS (number and street)				
is changed)				
	Syracuse └────────────────────────────────────		NY 132 STATE ▲	220 
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	compliance@clcompliance.con	ר 		
	Optional Second E-Mail Addres			
COMMITTEE'S WEB PAGE A (Check if address is changed)	DDRESS (URL)			
2. DATE 06	13 / Y Y Y Y 2024			
3. FEC IDENTIFICATION	NUMBER ► C C008	06307		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best of	my knowledge and belief it is	s true, correct and	l complete.
Type or Print Name of Treasu	rer Wojciechowski, Maria, , ,			
Signature of Treasurer Wo	ojciechowski, Maria, , ,		Date 06	13 / Y Y Y Y Y 2024
NOTE: Submission of false, erro	oneous, or incomplete information may ANY CHANGE IN INFORMATIO			penalties of 52 U.S.C. §30109
Office Use Only		For further information cor Federal Election Commissior Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

,	
EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 tinformation below.)	the candidate
Name of Williams, Brandon, McDonald, ,	
Candidate Office	State NY
Party Affiliation REP Sought: X House Senate President	District 22
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Candidate Party Committee: (d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ted organization is a
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted 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).	

(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.

	FEC Form 1 (Revise	d 02/2009)		Page <b>3</b>
V	rite or Type Committee Na	me		
	Brandon For C	ongress NY22		
	Name of Any Connected	I Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadershi	ip PAC Sponsor
	Team Brandon Vic	tory Committee		
	Mailing Address	PO Box 3580		
		Syracuse NY	13220	
		CITY ▲ STATE ▲	Z	

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

Wojciecho	wski, Maria, , ,		
Full Name			
Mailing Address	2465 Centreville Rd.		
	Ste J17-714		
	Herndon	VA 20171	
	CITY A	STATE A	ZIP CODE
Title or Position ▼			
Treasurer	Telephon	ne number	

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	Wojciechowski, Maria, , ,
Mailing Address	2465 Centreville Rd.
	Ste J17-714
	Herndon         VA         20171
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	,
Treasurer	Image:

FEC Form 1 (Revised 02	2/2	00	9)																								Pag	je 4	4	
Full Name of Designated Agent					1		1		[		1	I						1												
Mailing Address	L																													
	L																													
	L																											· L		
							CI	ΤY	′▲										STA	λΤΕ					Z	P(	COI	DE		
Title or Position ▼																														
													٦	Tele	eph	one	e n	umł	ber				-	- [						

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.

	Chain Bridge Bank		
Mailing Address	1445-A Laughlin Avenue		
	McLean	VA 22101	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc. Wells Fargo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD 20814	
	CITY A	STATE A	ZIP CODE

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

ZIP CODE

STATE 🔺

) or (h).	Joint Fundraising	g Participant:																		
1.								F	EC	ID r	numb	er	С							
2.								F	EC	ID r	numb	er	С							
3.								F	EC	ID r	numb	er	С							
4.						1		F	EC	ID r	numb	er	С							
Name	of Any Connected	Organization, A	ffiliated (	Commi	ittee, .	Joint	Fund	raisir	ig Re	epre	senta	ative	, or	Leade	ersh	ip F	PAC	Spo	onso	r
WI	LLIAMS, BRAND	ON, McDona	ld, ,							I								I	I	1
																		1		
		DO Dev 2500							1 1											
٦	Mailing Address	PO Box 3580																		
		Syracuse									NY		L	13220	)		]-[			
F	Relationship:			CITY						S	STATE				Z	PC	OD	E 🔺		
	Connected	Organization	Affiliate	ed Com	imittee	- Г	Joir	t Fun	draisi	ng F	Repres	sentat	ive	X	Lead	ders	hip F	PAC	Spor	າຣ
Fu	II Name																			
	II Name																<u> </u>			
	<u> </u>																			
	<u> </u>																			
Ma	ailing Address														  					
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Ma TI Banks safety Name Deposi	ailing Address	ies: List all banl intains funds. Bank	ks or othe			<pre></pre>				Num	nber						]-[			
Ma TI Banks safety Name Deposi	ailing Address	ries: List all bank	ks or othe							Num	nber	posits					]-[		-	

5(g) or (h).	Joint Fundraising	Participant:	
1.		FEC ID	number C
2.		FEC ID	number C
3.		FEC ID	number C
4.		FEC ID	number C
6. Name	e of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Repr	esentative, or Leadership PAC Sponsor
PF		SE 2024	
	Mailing Address	PO BOX 30844	
			MD 20824
	Relationship:		STATE A ZIP CODE A
		by name, address (phone number – optional)	
	gnated Agent: Identify	by name, address (phone number – optional)	
F		by name, address (phone number – optional)	
F	ull Name	by name, address (phone number - optional)	
F	ull Name	by name, address (phone number - optional)	
Fi	ull Name		
Fi	ull Name		
9. Bank safety Name	Aailing Address	CITY ▲ Si CITY ▲ Telephone Nur Si Es: List all banks or other depositories in which the committee	mber

5(g) or	(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4		FEC ID number	
- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative, or Leadership PAC Spons	sor
-	NEW YORK MAJORI		<b>.</b>	
	Mailing Address	PO BOX 183		
		HUDSON	WI 54016	. 1
	Relationship:		STATE A ZIP CODE A	
	Connected	d Organization	Fundraising Representative	onsor
_				
8. <b>C</b>	Designated Agent: Identify	by name, address (phone number - optional)		
8. <b>C</b>		by name, address (phone number - optional)		
8. <b>E</b>	Full Name	by name, address (phone number – optional)		
8. <b>C</b>		by name, address (phone number – optional)		
8. <b>[</b>	Full Name	<pre>v by name, address (phone number - optional)</pre>		
8. <b>[</b>	Full Name	<pre>v by name, address (phone number – optional)</pre>		
8. <b>[</b>	Full Name			
8. <b>[</b>	Full Name			
8. <b>[</b>	Full Name			
9. E	Full Name Mailing Address TITLE OR POSITION			
9. E	Full Name		elephone Number	
	Full Name Mailing Address TITLE OR POSITION		elephone Number	
	Full Name Mailing Address TITLE OR POSITION		elephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		elephone Number	
	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         safety deposit boxes or main         Name of Bank,         Depository, etc.		elephone Number	

5(g) or (h)	). Joint Fundraising	J Participant:		
	1.		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number	
	4.		FEC ID number	
6. <b>Na</b>	me of Any Connected (	Organization, Affiliated Committee, Joint Fundra	sing Benresentative or Leade	rshin PAC Sponsor
		-		
L				
	Mailing Address	PO BOX 30844		
		BETHESDA	MD 20824	
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint F	Fundraising Representative	eadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
		1		· · <b>I</b> _ <b>I</b> · · · · <sup>I</sup>
	TITLE OR POSITION			
			ephone Number	
	nks or Other Depositor ety deposit boxes or mai	ies: List all banks or other depositories in which thintains funds.	e committee deposits funds, hol	ds accounts, rents
	me of Bank, pository, etc.			
	Mailing Address			
	Mailing Address			
	Mailing Address			

1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected C	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
TRANSPORTATION T			
Mailing Address	502 6TH STREET		<u> </u>
		WI	54016
Relationship:	CITY A	STATE	
	Organization Affiliated Committee X Joir	nt Fundraising Represent	ative Leadership PAC Spons
	by name, address (phone number – optional)		
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify			
Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)		
Designated Agent: Identify	by name, address (phone number – optional)		

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5(g) or (h).	Joint Fundraising	Participant:		
1	<b>I.</b> [ ] ] ] ] ] ] ]		FEC ID number	C
2	2.		FEC ID number	С
3	3.		FEC ID number	C
4	4.		FEC ID number	С
6. Nam	ne of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
		by name, address (phone number – optional)		
	<b>gnated Agent:</b> Identify	by name, address (phone number – optional)		
F		by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name	by name, address (phone number – optional)		
F	Full Name			
F	Full Name		STATE	
9. <b>Ban</b> l	Full Name		bhone Number	
9. Banl safet Nam	Full Name		bhone Number	
9. Banl safet Nam	Full Name		bhone Number	
9. Banl safet Nam	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositorie         ty deposit boxes or mair         he of Bank,         pository, etc.		bhone Number	
9. Banl safet Nam	Full Name          Mailing Address         TITLE OR POSITION         ks or Other Depositorie         ty deposit boxes or mair         he of Bank,         pository, etc.		bhone Number	

(g) or (h).	Joint Fundraising						
1.					FEC ID number	С	
2.					FEC ID number	С	
3.					FEC ID number	С	
4.					FEC ID number	С	
. Name	of Any Connected (	Drganization, A	Affiliated Committee, Jo	oint Fundrais	ing Representativ	ve, or Leadership PAC	Sponsor
GR		Γ <b>Υ</b>					
		228 S Washir	naton St				
	Mailing Address						
		Ste 115					
		Alexandria				22314	
	Relationship:		CITY A		STATE A	ZIP CODI	
					ndraising Represen	tative Leadership F	AC Snonso
. Desig		Organization by name, addr	Affiliated Committee		naraising Hepresen		
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Fu	nated Agent: Identify	-					
Fu	nated Agent: Identify	-					
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Fu	nated Agent: Identify III Name ailing Address	by name, addr	ess (phone number – o	ptional)			
Fu	nated Agent: Identify III Name ailing Address	by name, addr	ess (phone number – o	ptional)			
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Fu M T 	nated Agent: Identify III Name ailing Address TITLE OR POSITION  s or Other Depositor deposit boxes or mai of Bank, sitory, etc	by name, addr	ess (phone number – o	ptional)	STATE A		

5(g) or (h	n). Joint Fundraising	9 Participant:						
	1.			FEC	ID number	С		
	2.			FEC	ID number	С		
	3.			FEC	ID number	С		
	4.			FEC	ID number	С		
6. <b>N</b> a	ame of Any Connected (	Organization, Affili	ated Committee, Joint	Fundraising F	Representative	e, or Leaders	hip PAC Spo	onsor
I	SCALISE LEADERSH	IP FUND 2024		-	-			
L								
L								
	Mailing Address	320 1ST ST SE						
		WASHINGTON				20003		
	Relationship:				STATE A			
	Connected	Organization	Affiliated Committee	× Joint Fundrai	sing Representa	ative Le	adership PAC	Sponsor
8. <b>De</b>	Full Name	by name, address	(phone number – optio	nal)				
8. <b>De</b>	Full Name	by name, address	(phone number – optio	nal)				
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8. <b>De</b>	Full Name			nal)				
9. Ba sat	Full Name			Telephone	Number			
9. Ba sat	Full Name Mailing Address TITLE OR POSITION			Telephone	Number			
9. Ba sat	Full Name			Telephone	Number			
9. Ba sat	Full Name Mailing Address TITLE OR POSITION			Telephone	Number			

5(g) or (	(h). Joint Fundraising	J Participant:			
	1.			FEC ID number	С
	2.			FEC ID number	С
	3.			FEC ID number	С
	4.			FEC ID number	С
6. N	Name of Any Connected	Organization, Affiliated Con	nmittee, Joint Fundr	aising Representative	e, or Leadership PAC Sponsor
	EMMER MAJORITY	BUILDERS			
	Mailing Address	824 S. MILLEDGE AVE. ST	E. 101		
				GA	30605
	Relationship:	СП	Y ▲	STATE A	ZIP CODE A
	Connected	Organization Affiliated (	Committee 🗙 Joint	Fundraising Representa	tive Leadership PAC Sponsor
_					
8. D	Designated Agent: Identify	by name, address (phone n	umber – optional)		
8. D	Designated Agent: Identify	by name, address (phone n	umber – optional)		
8. D		by name, address (phone n	umber – optional)		
	Full Name	by name, address (phone n	umber – optional)		
	Full Name	by name, address (phone n	umber – optional)		
– 8. D	Full Name				
– 8. D	Full Name				· · · · · · · · · · · · · · · · · · ·
– 8. D	Full Name			STATE	· · · · · · · · · · · · · · · · · · ·
9. <b>B</b> S	Full Name	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	Image: Second secon
9. <b>B</b> S	Full Name	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	
9. <b>B</b> S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         afety deposit boxes or ma         Jame of Bank,         Depository, etc.	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	
9. <b>B</b> S	Full Name          Mailing Address         TITLE OR POSITION            Banks or Other Depositor         afety deposit boxes or ma         Jame of Bank,         Depository, etc.	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	

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5(g) or (h	). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
L		JER 		
L				
	Mailing Address	PO BOX 30844		
		BETHESDA		20824
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. <b>De</b>	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> s	signated Agent: Identify	by name, address (phone number - optional)		
8. <b>De</b> s		by name, address (phone number – optional)		
8. <b>De</b> s	Full Name	by name, address (phone number – optional)		
8. <b>De</b> s	Full Name	by name, address (phone number - optional)		
8. <b>De</b> :	Full Name			
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9. <b>Ba</b>	Full Name		lephone Number	
9. <b>Ba</b> saf	Full Name Mailing Address		lephone Number	
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9. <b>Ba</b> saf	Full Name          Mailing Address         TITLE OR POSITION         Inks or Other Depositori         fety deposit boxes or main         me of Bank,         pository, etc.		lephone Number	
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	ND				
s PO BOX 308					
s PO BOX 308					
	344				
BETHESDA			MD	20824	
	CITY 🔺		STATE A	ZII	P CODE 🔺
dentify by name, add	ress (phone number – opt	onal)			
ITION V	CITY A		STATE A	ZIP	CODE 🔺
		Telephone N	lumber	– L	
	onnected Organization Identify by name, add	CITY ▲	CITY ▲ C	CITY A STATE A Onnected Organization Affiliated Committee X Joint Fundraising Representat Identify by name, address (phone number – optional)	CITY ▲ STATE ▲ ZII onnected Organization Affiliated Committee → Joint Fundraising Representative Lead Identify by name, address (phone number – optional) CITY ▲ STATE ▲ ZIP CITY ▲ STATE ▲ ZIP

5(g) or (	h). Joint Fundraisin	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number C
	4.		FEC ID number
6. <b>N</b>	ame of Any Connected	Organization. Affiliated Committee, Joint Fu	ndraising Representative, or Leadership PAC Sponsor
	SCOTT FRANKLIN V	-	
	Mailing Address	P.O. BOX 2811	
		LAKELAND	<b>FL</b> 33806
	Relationship:	CITY 🔺	STATE  ZIP CODE
	Connected	Affiliated Committee	oint Fundraising Representative
8. <b>D</b>	esignated Agent: Identify	v by name, address (phone number - optional	)
	Full Name		
	Mailing Address		
		1	
	TITLE OR POSITION		STATE A ZIP CODE A
			Telephone Number
9. <b>B</b>	anks or Other Deposito	ries: List all banks or other depositories in wh	ich the committee deposits funds, holds accounts, rents
Sa	afety deposit boxes or ma	intains funds.	
	ame of Bank, epository, etc.		
	Mailing Address		