07/08/2024 01 : 30

FEC FORM 1	STATEMEN ORGANIZA	_	0#	PAGE 1 / 16
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Marc for US Inc.				
ADDRESS (number and stree	t) PO Box 219			
 (Check if address is changed) 				
	Leeds CITY ▲		NY 1245 STATE ▲	1 ZIP CODE▲
COMMITTEE'S E-MAIL ADD	DRESS			
(Check if address is changed)	llisker@hdafec.com			
	Optional Second E-Mail Addro	ess		
COMMITTEE'S WEB PAGE (Check if address is changed)				
2. DATE 07	07 / Y Y Y Y 07 2024			
3. FEC IDENTIFICATION	I NUMBER ► C COO	1789586		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examine	ed this Statement and to the best o	f my knowledge and belief it i	s true, correct and o	complete.
Type or Print Name of Treas	surer Lisker, Lisa, , ,			
Signature of Treasurer L	isker, Lisa, , ,		Date 07	08 / Y Y Y Y 2024
NOTE: Submission of false, e	rroneous, or incomplete information m ANY CHANGE IN INFORMATION	ay subject the person signing th ON SHOULD BE REPORTED V		enalties of 52 U.S.C. §30109.
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		EC FORM 1 (Revised 06/2012)

EC Form 1 (Revised 03/2022)	Page 2
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 information below.)	e the candidate
Name of Candidate Molinaro, Marcus, J., ,	
Candidate Office	State NY
Party Affiliation REP Sought: X House Senate President	District 19
(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 Republic	ratic, can, 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.)	ected organization is a
Corporation Corporation w/o Capital Stock	or Organization
Membership Organization Trade Association Coop	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	jated 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).	

	In addition, this committee is a Lobbyist/Registrant PAC.
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(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 (F	Revised 02/2009)	Page 3
Write or Type Committe	ee Name	
Marc for US	S Inc.	
6. Name of Any Conn	nected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	rship PAC Sponsor
Mailing Address	228 S WASHINGTON ST	
	STE 115	
	ALEXANDRIA VA 22314	
	CITY A STATE A	ZIP CODE
Relationship:	onnected Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso

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

Lisker, Lis	a, , ,
Full Name	
Mailing Address	228 S. Washington St.
	Ste. 115
	Alexandria
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position v	
Assistant Treasurer	Telephone number 703 549 7705

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	Lisker, Lisa, , ,
of Treasurer	
Mailing Address	228 S Washington St
	Ste 115
	Alexandria VA 22314 Image:
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Treasurer	Telephone number 703 549 7705

Full Name of Designated Agent	Moose, Taylor, , ,
Mailing Address	228 S. Washington St.
	Ste. 115
	Alexandria VA 22314
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasu	rer 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.

Truis	t/BB&T		
Mailing Address	1445 New York Ave., NW		
	4th Fl.		
	Washington	DC 20005	
	CITY A	STATE A	ZIP CODE
Name of Bank, Deposito	ry, etc. n Bridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 22101	
		STATE A	ZIP CODE

1.				
			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
Name of Any Connected	d Organization, Affi	iliated Committee, Joint Fu		e, or Leadership PAC Sponsor
NRCC New York Vic	-			,
Mailing Address	228 S Washingt	on St		
J	Ste 115		· · · · · · · · · ·	
	Alexandria		VA _	22314
Relationship:			L⊥ STATE ▲	
Connect	ed Organization	Affiliated Committee	pint Fundraising Representa	ative Leadership PAC Sponso
Full Name				
Mailing Address				
TITLE OR POSITION	1▼		STATE ▲	
	J V		STATE ▲	

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5(g) or (h)). Joint Fundraising	Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6. Na	me of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	ing Representative	, or Leadership PAC Sponsor
		SE 2024		
L				
	Mailing Address	PO BOX 30844		
			MD	20824
	Relationship:	CITY A	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint Fu	Indraising Representa	tive Leadership PAC Sponsor
8. De s	signated Agent: Identify	by name, address (phone number - optional)		
8. De s	signated Agent: Identify	by name, address (phone number – optional)		
8. Des		by name, address (phone number - optional)		
8. De :	Full Name	by name, address (phone number - optional)		
8. De :	Full Name	by name, address (phone number - optional)		
8. Des	Full Name			
8. Des	Full Name		STATE	
9. Bai safe	Full Name Mailing Address TITLE OR POSITION Image: Address Image: Address Mailing Address TITLE OR POSITION Image: Address Image: Addres	CITY A CITY Telep	phone Number	
9. Bai safe Nar	Full Name Mailing Address	CITY A CITY Telep	phone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION T nks or Other Depositori fety deposit boxes or mail me of Bank, _ Wells Fa	CITY A CITY A Telep	phone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositori fety deposit boxes or mail me of Bank, Wells Fa pository, etc.	CITY CITY CITY CITY CITY CITY A	phone Number	
9. Bai safe Nar	Full Name Mailing Address TITLE OR POSITION Inks or Other Depositori fety deposit boxes or mail me of Bank, Wells Fa pository, etc.	CITY CITY CITY CITY CITY CITY A	phone Number	

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5(g) or (h	n). Joint Fundraising	g Participant:		
	1.		FEC ID number	С
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	С
6. N a	ame of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
I	FRESHMAN AGRICU	LTURAL REPUBLICAN MEMBERS TRUST	AKA FARM TRUS	r
L				
	Mailing Address	PO BOX 30844		
		BETHESDA		20824
	Relationship:	CITY A	STATE	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. De	signated Agent: Identify	by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
8. De		by name, address (phone number - optional)		
8. De	Full Name	by name, address (phone number - optional)		
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8. De	Full Name		1	
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9. Ba	Full Name		ephone Number	
9. Ba sat	Full Name	CITY A	ephone Number	s funds, holds accounts, rents
9. Ba sat	Full Name	CITY A	he committee deposite	s funds, holds accounts, rents
9. Ba sat	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	CITY A	he committee deposite	s funds, holds accounts, rents
9. Ba sat	Full Name Mailing Address TITLE OR POSITION anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	CITY A	he committee deposite	s funds, holds accounts, rents

5(g) or (h)). Joint Fundraising	J Participant:		
	1.		FEC ID number	
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	3.		FEC ID number	
	4.		FEC ID number	
6. Na	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. Des	signated Agent: Identify Full Name	by name, address (phone number - optional)		
	Mailing Address			
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	TITLE OR POSITION		STATE A	
			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			
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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)		
	gnated Agent: 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. Ban l	Full Name		bhone Number	
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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	
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	-	Organization, Affiliated Committee, Joint Fundra	aising Representative	, or Leadership PAC Sponsor
G		Y 		
	Mailing Address	228 S WASHINGTON ST STE 115		
				22314
	Relationship:	CITY 🔺	STATE A	ZIP CODE
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	tive Leadership PAC Sponsor
8. Desi	ignated Agent: Identify	by name, address (phone number - optional)		
	ignated Agent: Identify	by name, address (phone number - optional)		
I		by name, address (phone number – optional)		
I	Full Name	by name, address (phone number – optional)		
I	Full Name	by name, address (phone number – optional)		
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9. Ban l	Full Name		lephone Number	
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9. Ban l safet Nam	Full Name Mailing Address TITLE OR POSITION ks or Other Depositorie ty deposit boxes or mair ne of Bank, ository, etc.		lephone Number	
9. Ban l safet Nam	Full Name		lephone Number	
9. Ban l safet Nam	Full Name Mailing Address TITLE OR POSITION ks or Other Depositorie ty deposit boxes or mair ne of Bank, ository, etc.		lephone Number	

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	1.		FEC ID number	
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	3.		FEC ID number	
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- 6. I	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative, or Leadership PAC Spons	sor
-	NEW YORK MAJORI		.	
	Mailing Address	PO BOX 183		
		HUDSON	WI 54016	. 1
	Relationship:		STATE A ZIP CODE A	
	Connected	d Organization	Fundraising Representative	onsor
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8. C	Designated Agent: Identify	by name, address (phone number - optional)		
8. C		by name, address (phone number - optional)		
8. E	Full Name	by name, address (phone number – optional)		
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9. E	Full Name Mailing Address TITLE OR POSITION			
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	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	

1.		FEC ID number	С
2.		FEC ID number	С
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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			
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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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s PO BOX 308					
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	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 Fundraising	J Participant:			
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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
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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)		
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– 8. D	Full Name				· · · · · · · · · · · · · · · · · · ·
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9. B S	Full Name	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	L = L + L + L + L + L + L + L + L + L +
9. B S	Full Name	CITY	· · · · · · · · · · · · · · · · · · ·	lephone Number	
9. 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:			
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6. Nan	ne of Any Connected (rganization, Affiliated Committee,	loint Fundraisi	ng Benresentative	or Leadershin PAC Sponsor
	GT FARM TEAM 2024				
L					
	Mailing Address	PO BOX 30844			
		BETHESDA			20824
	Relationship:	CITY A		STATE	
	Connected	Organization	a 🗙 Joint Fur	ndraising Representa	tive Leadership PAC Sponsor
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8. Des i	ignated Agent: Identify	by name, address (phone number –	optional)		
	ignated Agent: Identify Full Name	by name, address (phone number -	optional)		
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9. Ban	Full Name			none Number	
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5(g) or (h). Joint Fundraising	g Participant:						
	1.			FEC ID	number	С		
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	3.			FEC ID	number	С		
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6. Na	me of Any Connected (Organization, Affili	ated Committee, Joint	Fundraising Rep	resentative	, or Leader	ship PAC S	Sponsor
T	SCALISE LEADERSH	IIP FUND 2024					-	-
L								
L								
	Mailing Address	320 1ST ST SE						
		WASHINGTON		1		20003		
	Relationship:	<u> </u>	CITY A		STATE A		ZIP CODE	
	Connected	Organization	Affiliated Committee	Joint Fundraising	Representa	tive	eadership P/	AC Sponsor
8. De	signated Agent: Identify	by name, address	(phone number – option	al)			1 1 1 1	
8. De	Full Name	by name, address	(phone number – option	nal)				
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