08/07/2024 11 : 26

STATEMENT OF	
ORGANIZATION	

FEC FORM 1	STATEMENT ORGANIZAT	-	с	PAGE 1 / 11
1. NAME OF COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
Pat Ryan for Cong	ess			
	PO Box 2113			
ADDRESS (number and street)				
 (Check if address is changed) 				
	Kingston CITY ▲		NY 12 STATE ▲	402 ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	info@patryanforcongress.com			
	Optional Second E-Mail Address contact@peecompliance.co	; 		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
2. DATE 08 / 07	z / y y y y 2024			
3. FEC IDENTIFICATION NU	JMBER ► C C0081	5290		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined th	is Statement and to the best of m	ny knowledge and belief it is	s true, correct and	d complete.
Type or Print Name of Treasure	r Brown, Wyatt, , ,			
Signature of Treasurer Brow	n, Wyatt, , ,		Date 08	/ D D / Y Y Y Y 07 2024
NOTE: Submission of false, errone	eous, or incomplete information may ANY CHANGE IN INFORMATION			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)

FEC Form 1 (Revised 03/2022)		Page 2
5. TYPE OF COMMITTEE:		
Candidate Committee:		
(a) X This committee is a principal campaign committee	ee. (Complete the candidate information belo	ow.)
(b) This committee is an authorized committee, and information below.)	is NOT a principal campaign committee. (C	complete the candidate
Name of Ryan, Patrick, , , Candidate		
Candidate Office Party Affiliation DEM Sought:	House Senate Presi	State NY dent District 18
(c) This committee supports/opposes only one cand	lidate, and is NOT an authorized committee.	
Name of Candidate Party Committee:	Stoto	Demogratio
(d) This committee is a (National, or subording)	,	Democratic, Republican, etc.) Party
Political Action Committee (PAC):		
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) It	s connected organization is a:
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Organization	Trade Association	Cooperative
In addition, this committee is a Lobbyi	st/Registrant PAC.	
(f) This committee supports/opposes more than one committee. (i.e., nonconnected committee)	e Federal candidate, and is NOT a separate	segregated fund or party
In addition, this committee is a Lobbyi	st/Registrant PAC.	
In addition, this committee is a Leader	ship PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-or	nly political committee (Super PAC).	
In addition, this committee is a Lobbyis	st/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.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	

Pat Ryan for Congress

6.	Name of Any Connected Or	ganization, Affil	iated	Com	mitt	ee, .	Join	t F	und	rais	ing	Rep	res	enta	ativ	e, o	r Lo	ead	ersh	nip	PAC	; Sp	oon	sor	
	Pat Ryan Victory Fund	d 			1																				
	Mailing Address	PO Box 2113																							
		Kingston												NY	, 			240	2			- L			
				СІТ	Y								S	STAT	Ε	•				ZIP	со	DE			
	Relationship: Connected C	Drganization	Affiliat	ed O	rgan	izatio	on	×	Jo	int F	undı	raisir	ng I	Repr	ese	ntati	ve] L	ead	ershi	ip P	ΆC	Spo	nsor

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

Brown, Wy	/att, , ,				
Full Name					
Mailing Address	PO Box 2113				
	Kingston		NY	12402 	
	CIJ	ΓΥ 🔺	STATE ▲	ZIP CODE	
Title or Position ▼					
Treasurer		Т	elephone 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	0880 0880 0880 0880

FEC Form 1 (Revised 02	2/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A Z	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 2000	6
	CITY 🔺	STATE A	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲

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

ZIP CODE

STATE 🔺

5(g)	or(h). Joint Fundraising	g Participant:	
	1.	FEC II	D number C
	2.	FEC II	D number C
	3.	FEC II	D number C
	4.	FEC II	D number C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Re	presentative, or Leadership PAC Sponsor
	End Citizens United -	Priority 2024	
	Mailing Address	122 C STREET NW	
		SUITE 360	
			DC 20001
	Relationship:		STATE A ZIP CODE A
	Connected	Organization Affiliated Committee X Joint Fundraisin	g Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
8.	Designated Agent: Identify	by name, address (phone number – optional)	
8.		by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	
8.	Full Name	by name, address (phone number – optional)	
8.	Full Name		
8.	Full Name		
8.	Full Name		
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main	CITY ▲ CITY ▲ Telephone N Telephone N	Image: second
	Full Name Mailing Address TITLE OR POSITION	CITY ▲ CITY ▲ Telephone N Telephone N Telephone N	Image: second
	Full Name Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	<pre></pre>	Image: state Image: state Image: state Image: state Image

		Participant:										
1.						FEC	ID number	С				
2.						FEC	ID number	С				
3.						FEC	ID number	С				
4.						FEC	ID number	С				
Name of Any	Connected O	rganization, A	ffiliated Co	ommittee, Jo	oint Fund	raising F	epresentativ	ve, or	Leade	ership	PAC S	ponso
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Mailing	Address	PO BOX 1584	15 									
		WASHINGTO	N					L	20003	3		
							STATE	<u> </u>		ZIP	CODE	
Relation	Connected		Affiliated	ITY Committee		Fundrais	ing Represen	tative			ship PA	
Designated A	Connected (gent: Identify I	Drganization	Affiliated	Committee		E Fundrais	ing Represen	tative				
Designated A Full Name	gent: Identify I		Affiliated	Committee		: Fundrais	ing Represen					
Designated A	gent: Identify I		Affiliated	Committee		: Fundrais	ing Represen	tative				
Designated A Full Name	gent: Identify I		Affiliated	Committee		E Fundrais	ing Represen					
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Designated A Full Name Mailing Ac	gent: Identify I	by name, addre	Affiliated	Committee	ptional)		ing Represen			Leader		.C Spor

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4.			FEC	ID number	С			
lame of Any Connected	Organization, Affil	liated Committee, Joint	Fundraising I	Representativ	e, or Lea	dership	PAC Sp	ons
	IKES BACK							I
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	PO BOX 65322							
Mailing Address								
	WASHINGTON			DC	200	35		
						סוד		
	Organization		≺ Joint Fundrai nal)	STATE ▲	ative		CODE 🖌	
		Affiliated Committee	_		ative			
Connected Designated Agent: Identify		Affiliated Committee	_		ative			
Connected		Affiliated Committee	_		ative			
Connected		Affiliated Committee	_		ative			
Connected	by name, address	Affiliated Committee	_		ative			
Connected	by name, address	Affiliated Committee	_	sing Represent	ative		ship PAC	

1.				FEC	ID number	С		
2.				FEC	ID number	С		
3.				FEC	ID number	С		
4.				FEC	ID number	С		
Name of	Any Connected C	rganization, Affilia	ted Committee, Joint	Fundraising R	epresentativ	e, or Leade	ership PAC	Sponso
SERV	/E AMERICA VIC	TORY FUND						
Ma	iling Address	PO BOX 2013						
		SALEM			MA	01970)	
Rel	lationship:		CITY A		STATE 🔺		ZIP COI	DE 🔺
	Connected	Organization A	ffiliated Committee	X Joint Fundrais	ing Represent	ative	Leadership	PAC Spor
	ed Agent: Identify		(phone number – optio		ing Represent		Leadership	PAC Spor
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Full N	ed Agent: Identify				ing Represent		Leadership	PAC Spon
Full N	ed Agent: Identify				ing Represent:		Leadership	PAC Spon
Full N	ed Agent: Identify		(phone number – optio					
Full N Mailir	ed Agent: Identify	by name, address (STATE		Leadership	

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		Participant:											
1.						FEC	ID numbe	r C	;				
2.						FEC	ID numbe	r C	;				
3.						FEC	ID numbe	r C	;				
4.						FEC	ID numbe	r C	;				
Name of	Any Connected	Organization,	Affiliated C	ommittee, Jo	oint Fundr	aising R	epresentat	ive, o	r Leac	dershi	ip PA	C Sp	onso
DEMO		ER 2024								1 1			
		600 PENNS	YI VANIA AV	'E SE #15180									
Mai	iling Address												
		WASHINGT	ON 						2000)3 		- 📖	
		<u> </u>					STATE			71		DE 🖌	
	Connected	Organization by name, add	Affiliated	CITY ▲ d Committee		Fundrais	ing Represe	entative	9				
	Connected	-	Affiliated	d Committee		Fundrais		entative					
Designat Full N	Connected	-	Affiliated	d Committee		Fundrais		ntative	3				
Designat Full N	Connected	-	Affiliated	d Committee		Fundrais		ntative					
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

ZIP CODE

STATE 🔺

5(g)	or(h). Joint Fundraising	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	С
	4.		FEC ID number	C
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Sponsor
	Mailing Address	122 C ST NW		
		STE 360		
				20001
	Relationship:		STATE A	
	Connected	Organization Affiliated Committee X Join	nt Fundraising Represent	ative
8.	Designated Agent: Identify	by name, address (phone number - optional)		
8.	Designated Agent: Identify	by name, address (phone number – optional)		
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number - optional)		
8.	Full Name			
8.	Full Name			· · · · · · · · · · · · · · · · · · ·
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	Full Name		Telephone Number	
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,	CITY ▲ CITY ▲ CITY ▲ CITY ▲ CITY ▲	Telephone Number	s funds, holds accounts, rents
8.	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository, etc.		Telephone Number	– –
	Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or ma Name of Bank,		Telephone Number	– –

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g) or (h).	Joint Fundraising	Participant:				
1.				FE	C ID number	С
2.				FE	C ID number	С
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4.				FE	C ID number	C
			ated Committee, Joint	Fundraising	Representativ	e, or Leadership PAC Sponsor
Ν	lailing Address	124 WASHINGT	ON ST			
		SUITE 101				
		FOXBORO			MA	02035
F	Relationship:				STATE ▲	
	Connected	Organization	Affiliated Committee	Joint Fundra	aising Represent	ative Leadership PAC Sponso
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Banks safety	or Other Depositorie	es: List all banks		-	e Number	
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Banks safety Name Deposi	or Other Depositorie deposit boxes or mair of Bank, tory, etc.	es: List all banks		-	e Number	