Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Greenberg Traurig, P.A. PAC 54 State Street ADDRESS (number and street) 6th Floor (Check if address is changed) Albany 12207 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address maloneym@gtlaw.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00266585 FEC IDENTIFICATION NUMBER > 3. X 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 Harding, M,, Robert, Date 02 27 2024 Signature of Treasurer Harding, M,, Robert, 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

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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 cand information below.)			
Name of Candidate			
Candidate Party Affiliation Office Sought: House Senate President	State		
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
Name of Candidate			
Party Committee:			
(d) This committee is a (National, State or subordinate) committee of the Repub	ocratic, lican, etc.) Party		
Political Action Committee (PAC):			
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:		
X Corporation Corporation w/o Capital Stock Lab	oor Organization		
	operative		
X In addition, this committee is a Lobbyist/Registrant PAC.			
_	anatad fund as nasts		
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.			
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	rid 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 t 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 C			

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V	Vrite or Type Committee Nam			
	Greenberg Trau	urig, P.A. PAC		
6.		Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor	
	Greenberg Traurig I	P.A. 		
	Mailing Address	54 State Street		
		6th Floor		
		Albany	12207	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Relationship: X Connecte	ed Organization		
	Ticidationistip.	A Organization Propresent	Educionip 17to oponio	
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the pers	on in possession of committee	
	Maloney,	, Maria, , ,		
	Full Name			
	Mailing Address	54 State Street		
		6th Floor		
		Albany	12207	
		CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼			
	PAC Administrator	Telephone number	518 - 689 - 1436	
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 Harding, of Treasurer	M, , Robert,		
	Mailing Address	Greenberg Traurig		
	Mailing Address	54 State Street		
		Albany	12207	
		, in a second se		
	Title or Desition —	CITY ▲ STATE ▲	ZIP CODE ▲	
	Title or Position ▼ Treasurer	Telephone number	518 - 689 - 1400	

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Full Name of Designated Agent	Dempsey, Hayden, , ,				
Mailing Address	Total College Ave.				
	Tallahassee FL 3	32301			
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲			
Chair	. 850	521 8563			
	Telephone number]-[
	Depositories: List all banks or other depositories in which the committee deposits funds xes or maintains funds.	s, holds accounts, rents			
Name of Bank, D	Depository, etc.				
	Citibank				
Mailing Address	640 Fifth Ave. at 51st Street				
	New York	0019			
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲ STATE ▲	ZIP CODE ▲			

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Change in Treasurer and Chairperson

Form/Schedule: Transaction ID: