

FEC FORM 1

STATEMENT OF ORGANIZATION

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2026 JAN -7 AM 11:46

Office Use Only

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

12FE4M5

KRATEOSKY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 312 WEST COLUMBIA STREET

(Check if address is changed)

FALLS CHURGH VA 22046 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) NANCYELLENMCCARTHY9@GMAIL.COM

Optional Second E-Mail Address ELLEN@KRATEOSKY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 12 / 31 / 2025

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] 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 Nancy Ellen McCarthy

Signature of Treasurer

Nancy Ellen McCarthy

Date

01 / 06 / 2026

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.

Table with 5 columns and 1 row for Office Use Only.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

20250107 11:46:46 AM

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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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. _____

HARRISBURG INDEPENDENCE

Write or Type Committee Name

KrateoSky Political Action Committee

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

NANCY ELLEN MCCARTHY

Mailing Address

312 WEST COLUMBIA STREET

FALLS CHURCH

VA

22046

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER, KRATEOSKY PAC

Telephone number 202 - 374 - 3379

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

NANCY ELLEN MCCARTHY

Mailing Address

312 WEST COLUMBIA STREET

FALLS CHURCH

VA

22046

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER, KRATEOSKY PAC

Telephone number 202 - 374 - 3379

NONDISCRIMINATION COMPLAINT

Full Name of Designated Agent

SCOTT W. WINE

Mailing Address

11125 GULF SHORE DRIVE #1004

NAPLES FL 34108

CITY STATE ZIP CODE

Title or Position

CHAIRPERSON, KRATOSKY PAC

Telephone number 307 - 293 - 0130

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, N.A.

Mailing Address

1445 A-LAUGHLIN AVENUE

MCLEAN VA 22101

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

REPRODUCTION PROHIBITED

Optional Supplemental Information for Lines 5(i) or (j), 6, 8 and/or 9

5(i) or (j). Joint Fundraising Participant:

1. _____

2. _____

3. _____

4. _____

FEC ID number

FEC ID number

FEC ID number

FEC ID number

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

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 ▲

NONDISCRIMINATION NOTICE

Express

ORIGIN ID:ZFDA (202) 374-3379
NANCY MC CARTHY
312 H COLUMBIA ST
FALLS CHURCH, VA 22046
UNITED STATES US

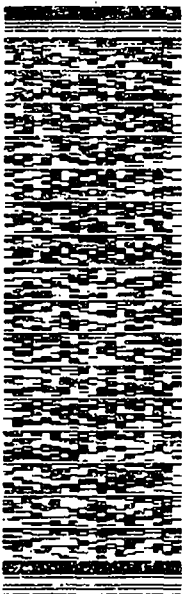
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TO **FEDERAL ELECTION COMMISSION**

1050 FIRST STREET NORTHEAST

WASHINGTON DC 20002

(202) 694-1100
REF: 3E211



REL# 3785346

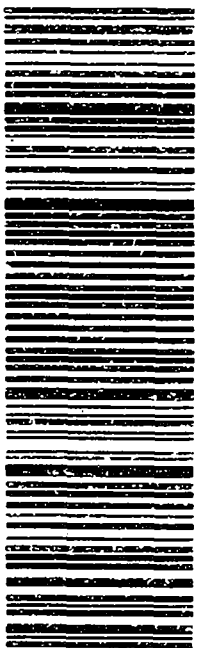
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NONPROFIT ORGANIZATION

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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 PREPARER
 (4/2023)

1-7-26
 DATE PREPARED

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