Only

STATEMENT OF

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(Revised 06/2012)

FORM 1		0	RGAN	IZATI	ON					O	fice Us	o Only	,		
1. NAME OF COMMITTEE (in	full)		Check if name changed)		ample:If ty er the lines			12F	E4M!	_	lice Os	e Only			
Lawler for Co	ongre	ss, Inc.													Ш
															Ш
ADDRESS (number a	•	PO Box 8	3 7												
	address I)												ш		Ш
		South Sa Cl	llem TY ▲					NY STATE		105	5 90	 ZIP	COD	L L	
COMMITTEE'S E-MA	AIL ADDR	ESS													
		laurasch	wartz99@gma	ail.com											
		Optional	Second E-Ma	il Address											
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (UF	RL)						<u> </u>				<u> </u>		
2. DATE 05		16 / Y	y y y 2024												
3. FEC IDENTIFIC	CATION N	IUMBER >	. C	C008154	15										
4. IS THIS STATEM	MENT	NEW	(N) OF	2	≺ AME	ENDED (A	۸)								
certify that I have e	examined	this Stateme	nt and to the	best of my	knowledge	and beli	ef it is	true,	correc	t and	comp	olete.			
Type or Print Name o	of Treasur	er <u>Schwartz</u>	z, Laura, A., ,												
Signature of Treasure	er Sch	wartz, Laura,	A., ,				Da	ate	0.5	5 /	16	ō /	Y	y y 2024	Y
NOTE: Submission of	false, erro		omplete informa								penalt	ties of	52 U.	S.C. §	30109.
Office Use					For furthe	r information	on conta						DRM		

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	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 information below.)	candidate
	Name of Candidate Lawler, Michael, Vincent,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State NY District 17
	(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 Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperat	iive
	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 committee. (i.e., nonconnected committee)	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 (Hybrid PAG	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
_	Lawler for Congr		y Londovskin DAC Changes
).		ganization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	Lawler Victory Fund		
	Mailing Address	PO Box 87	
		I	
		South Salem NY	10590
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponso
<u>.</u>	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person ir	n possession of committee
	Schwartz, I	aura, A., ,	
	Full Name		
	Mailing Address	55 Overlook Drive	
		Ridgefield CT	06877
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	3 241 5130
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
	Full Name Schwartz, I	aura, A., ,	ı
	of Treasurer	155 Overlook Drive	
	Mailing Address	35 Overlook Drive	
		Ridgefield CT	06877
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		3 - 241 - 5130

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title or Desition -	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position ▼		
Banks or Other D safety deposit boxe	Depositories: List all banks or other depositories in which the committee deposits funds, hold es or maintains funds.	ds accounts, rents
Name of Bank, De	epository, etc.	
Mailing Address	M&T Bank	
	Mt Kisco NY 10549	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, De	epository, etc.	
L	Evolve Bank & Trust	
Mailing Address	301 Shoppingway Boulevard	
	West Memphis AR 72301	
	CITY ▲ STATE ▲	ZIP CODE ▲

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connector	l Organization, Affiliated Committee, Joint Fund	roining Ponrocentative	o or Londovskip BAC Spon
PROTECT THE HO			
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which naintains funds. Bank	STATE A	ZIP CODE A

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

h). Joint Fundraisi i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
NEW YORK MAJOR	III MAKERS		
Mailing Address	PO BOX 183		
	HUDSON	w _I	54016
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee X Join	nt Fundraising Representa	ative Leadership PAC Sp
Connecte		nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management of the control of th	d Organization Affiliated Committee X Join by by name, address (phone number – optional) CITY A Pries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fund USE NEW YORK 2024	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 30844		
-			
	BETHESDA	MD MD	20824
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		nt Fundraising Representa	ative Leadership PAC Spo
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Connecte Designated Agent: Identi Full Name	Affiliated Committee X Join for by name, address (phone number – optional)		
Connecte Designated Agent: Identi Full Name	Affiliated Committee X Joinfy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Spo
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Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Designated deposit boxes or make the proposition of Bank, Depository, etc.	Affiliated Committee X Joint J	STATE A	ZIP CODE A

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		t Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Representa	ative Leadership PAC Spo
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Connecte Pesignated Agent: Identi Full Name	ed Organization Affiliated Committee X Join	t Fundraising Representa	Leadership PAC Spo
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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2.			FEC ID	number	С	_
3.			FEC ID	number	C	
4.			FEC ID	number	C	
			_			
Name of Any Conne	cted Organization, Affi	liated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spo	ons
AMERICAN BAT	TLEGROUND FUND)		1 1 1		ı
Mailing Address	PO BOX 30844					
	BETHESDA		1	MD	20824	1
Polotionobin:		CITY ▲		STATE A	ZIP CODE ▲	
	entify by name, address		Joint Fundraising	Representa	ative Leadership PAC	Spo
Conr		Affiliated Committee X		Representa	ative Leadership PAC	Spo
Conr				Representa	ative Leadership PAC	Spo
Conr Designated Agent: Id				Representa	Leadership PAC	Spo
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Conr Designated Agent: Id Full Name Mailing Address	entify by name, address	s (phone number – option	nal)			Spo
Conr Designated Agent: Id	entify by name, address		nal)	TATE A	Leadership PAC ZIP CODE ZIP CODE	Spo

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EADERSHII	rganization, Affilia P FUND 2024	ated Committee, Join	FEC II	D number D number D number	C C C or Leadership PAC Spons
EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join	FEC II	D number	C
EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join			
EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join	Fundraising Re	presentative,	or Leadership PAC Spons
EADERSHII	320 1ST ST SE	ated Committee, Join	t Fundraising Re	presentative,	or Leadership PAC Spons
ldress	320 1ST ST SE				
·	WASHINGTON				
·	WASHINGTON				
				DC	20003
ip:		CITY A		STATE ▲	ZIP CODE ▲
ress					
POSITION ▼		CITY A		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
_	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
EMMER MAJORITY	BUILDERS		
Mailing Address	824 S. MILLEDGE AVE. STE. 101		
	ATHENS	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X Jo	int Fundraising Representa	ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif	d Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identification Full Name Mailing Address	d Organization Affiliated Committee X Jo	int Fundraising Representation	Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X Jo y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	d Organization Affiliated Committee X Jo y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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4.			FEC ID num	nber C	
lame of Any Conne	ected Organization,	Affiliated Committee, Joint	Fundraising Represe	ntative, o	r Leadership PAC Spon
HUDSON VALL	EY MAJORITY MA	KERS			
	DO DOV 07				
Mailing Address	s PO BOX 87				
	SOUTH SAL	<u>-EM</u>	<u> </u>	IY 	10590
Relationship:		CITY ▲	STA	TE 🛦	ZIP CODE ▲
	nnected Organization	Affiliated Committee	Joint Fundraising Rep		Leadership PAC Sp
	-				
esignated Agent: l	-				
esignated Agent: Id	-				
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esignated Agent: Id Full Name Mailing Address	dentify by name, add				ZIP CODE A
Pesignated Agent: Id	dentify by name, add	dress (phone number – option	nal)		

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1			
2.		FEC ID number	С
		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
		•	
Name of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
GROW THE MAJOR	TY 		
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	, , VA ,	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		oint Fundraising Represent	
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address	CITY A		ZIP CODE A

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1. L 2.		g Participant:				
2				FEC IC	number	С
۷				FEC IC	number	С
3.				FEC IC	number	C
4.		1 1 1 1 1 1		 FEC IC	number	С
	f Any Connected (VICTORY FUNI	_	ated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spons
Ма	uiling Address	502 6TH STREE	T 			
		HUDSON			WI	54016
Rel	lationship:		CITY A		STATE A	ZIP CODE ▲
Full N	Name					
Mailir	ng Address					
		1				
TITL	LE OR POSITION	▼	CITY A		STATE A	ZIP CODE A