Only

PAGE 1 / 7

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. Protect the House New York 2024 PO Box 30844 ADDRESS (number and street) (Check if address is changed) Bethesda 20824 MD CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00838037 FEC IDENTIFICATION NUMBER > 3. 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. Martin, Steven, , , Type or Print Name of Treasurer Martin, Steven, , , [Electronically Filed] 04 2023 Signature of Treasurer Date 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

FEC 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 campain information below.)	gn committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an author	orized 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)	tion on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Sto	ck Labor Organization
Membership Organization Trade Association	Cooperative
	Сооролило
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is committee. (i.e., nonconnected committee)	NOT a separate segregated 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 (Sup	er PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contri	ribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and disbut	rses net proceeds for two or more political
committees/organizations, at least one of which is an authorized committee	·
(j) This committee collects contributions, pays fundraising expenses and disbut committees/organizations, none of which is an authorized committee of a fe	•
Committees Participating in Joint Fundraiser	
KEVIN MCCARTHY FOR CONGRESS 1	C C00420935
MAJORITY COMMITTEE PACMC PAC	C C00428052

•	FEC Form 1 (Revised 0	2/2009)	Page 3
٧	Vrite or Type Committee Name		
	Protect the Hou	use New York 2024	
6.		ganization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repr	resentative Leadership PAC Sponso
	Occidential and December 11 of		
7.	books and records.	fy by name, address (phone number optional) and position of the p	berson in possession of committee
	CFS, Comp	liance, , ,	
	Full Name		
	Mailing Address	PO Box 30844	
		1	
		Bethesda MC	0 20824
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼	CITY STAT	E A ZIP CODE A
	Custodian of Records	Telephone number	301 - 654 - 3220
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the comr ssistant treasurer).	nittee; and the name and address of
	Full Name Martin, Stev	ren, , ,	
	of Treasurer		
	Mailing Address	PO Box 30844	
		Bethesda	D 20824
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	301 - 654 - 3220

FEC Form 1 (Revised (02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
	Telephone nun	nber -	
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the committentains funds.	e deposits funds, holds	s accounts, rents
Name of Bank, Depository, e	etc.		
Wells F	argo		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD 20814	
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** _____

1	MPCC					
	NRCC			FEC	ID number	C C00075820
2. L	LAWLER FOR			FEC	ID number	C C00815415
3. L	BRANDON FC	R CONGRE	SS NY22	FEC	ID number	C C00806307
4	MARC FOR U	S INC.		FEC	ID number	C C00789586
Name c	of Any Connected	Organization,	Affiliated Committee, Join	t Fundraising R	epresentativ	e, or Leadership PAC Sponso
М	lailing Address					
	odate a de c					
R/	elationship:		CITY ▲		STATE ▲	ZIP CODE ▲
	Connecte	ed Organization	Affiliated Committee	Joint Fundraisi	ng Represent	Leadership PAC Spor
Designa	Connecte		Affiliated Committee dress (phone number – option		ng Represent	Leadership PAC Spor
Designa Full	Connecte				ng Represent	Leadership PAC Spor
Designa Full	Connecte ated Agent: Identi Name				ng Represent	Leadership PAC Spor
Designa Full	Connecte ated Agent: Identi Name				ng Represent	Leadership PAC Spor
Designa Full Mail	Connecte ated Agent: Identi Name	fy by name, add			Represent	Leadership PAC Spor
Designa Full Mail	Connecte ated Agent: Identi Name	fy by name, add	dress (phone number – optic		STATE A	

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

FEC Form 1S (Revised 02/2017)

Page __6 _ **of** __7___

	ng Participant:				
DESPOSITO	FOR NEW YORK		FEC ID no	umber	C C00809426
2. GARBARINO	FOR CONGRESS		FEC ID no	umber	C C00729954
3. LALOTA FOR	CONGRESS		FEC ID no	umber	C C00806018
4. NICOLE FOR	NEW YORK		FEC ID no	umber	C C00694778
Name of Any Connected	d Organization, Affiliate	ed Committee, Joint F	undraising Repres	entative	, or Leadership PAC Spons
Mailing Address					
Relationship:	_	CITY A	S	ΓΑΤΕ ▲	ZIP CODE ▲
Designated Agent: Identi	fy by name, address (pl	hone number – optiona	1)		
Designated Agent: Ident	fy by name, address (pl	hone number – optiona	i)		
	fy by name, address (pl	hone number – optiona	i)		
Full Name	fy by name, address (pl	hone number – optiona	i)		
Full Name	fy by name, address (pl	hone number – optiona			
Full Name		hone number – optiona		TE A	ZIP CODE A
Full Name					ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	ories: List all banks or	CITY A other depositories in w	STA Telephone Numl	deposits	funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be safety deposit.	ories: List all banks or	CITY A other depositories in w	STA Telephone Numl	deposits	funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or	CITY A other depositories in w	STA Telephone Numl	deposits	funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	ories: List all banks or	CITY A other depositories in w	STA Telephone Numl	deposits	funds, holds accounts, rents

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

FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h),

Page ____ **of** ____

(h). Joint Fundraisin NY REPUBLICAN	FEDERAL CAMPAIGN COMMITTEE		C C00055582
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address			
	1		
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee Joi	nt Fundraising Represent	ative Leadership PAC Spi
esignated Agent: Identify	Organization Affiliated Committee Joi by name, address (phone number – optional)	nt Fundraising Represent	ative Leadership PAC Spo
		nt Fundraising Represent	ative Leadership PAC Spo
Pesignated Agent: Identify Full Name _ _ _		nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify Full Name _ _ _	by name, address (phone number – optional)	nt Fundraising Represent	Leadership PAC Spo
Pesignated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	nt Fundraising Represent	
Pesignated Agent: Identify Full Name _ _ _	by name, address (phone number – optional) CITY		
Pesignated Agent: Identify Full Name _ _ Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name	by name, address (phone number – optional) CITY CITY ries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A