FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) New York State Conservative Party 486 78 Street ADDRESS (number and street) (Check if address is changed) Brooklyn 11209 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address nyscp@aol.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.cpnys.org (Check if address is changed) DATE 30 2007 C00282343 FEC IDENTIFICATION NUMBER 3. X OR IS THIS STATEMENT NEW (N) 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 Kassar, Gerard *, , Kassar, Gerard *, , , Date 03 15 2024 Signature of Treasurer 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 be	elow.)				
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 Pres	State sident District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) X 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.					
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or process 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 account	s a political committee with both contribution and non-contribution accounts (Hybrid PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.					
Joint Fundraising Representative:					
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.					
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					
1C					

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٧	Vrite or Type Committee Name					
		Conservative Party				
6.	Name of Any Connected Or MAZI VICTORY FUN	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	MAZIVICTORT FUN	ט 				
	Mailing Address	228 S WASHINGTON ST STE 115				
		ALEXANDRIA	VA	22314	I-I I	
		CITY ▲	STATE	Ξ Δ ZIP C	CODE A	
	Relationship: Connected	Organization Affiliated Organization X	Joint Fundraising Repre	esentative Leader	ship PAC Sponso	
		3	3 .p.			
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
	Kassar, Ge	rard, , ,				
	Full Name					
	Mailing Address	7521 10th Ave.				
		Brooklyn	NY	11228]-[
		CITY ▲	STATE	E ▲ ZIP C	ODE A	
	Title or Position ▼					
	Treasurer		Telephone number	917 - 834	_ 6118	
8.	8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).					
	Full Name Kassar, Ge of Treasurer	rard *, , ,				
	Mailing Address	7521 10th Avenue				
	Ç					
		Brooklyn	NY	, 11228	-	
		CITY ▲	STATE	E ▲ ZIP C	CODE A	
	Title or Position ▼					
	Treasurer		Telephone number	718 - 921	_ 2158	

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Full Name of Designated Agent								
Mailing Address								
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲						
	Telephone number							
Banks or Other De safety deposit boxes	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, Dep	Name of Bank, Depository, etc.							
L	M & T Bank							
Mailing Address	7807 5th Avenue							
	Brooklyn	11209						
	CITY ▲ STATE ▲	ZIP CODE ▲						
Name of Bank, Depository, etc.								
	Chain Bridge Bank							
Mailing Address	1445-A							
	McLean VA	22314						
	CITY ▲ STATE ▲	ZIP CODE ▲						