STATEMENT OF

PAGE 1 / 8 =

| FEC FORM 1 | | O | RGAN | IIZA | TIO | N | | | | | | | | | | | | | |
|---|--------------------|------------|--------------------------|-----------|----------|---------------------------------------|----------|-------|-------|-------|----------|--------|-----|-------|---------|---------|--------------------|-----------|--------|
| 4 NAME OF | | | No al Maria | | F | la. 16 4 | | | 4 | _ | _ | _ | Off | ice L | Jse O | nly | | | |
| NAME OF COMMITTEE (ir | n full) | | Check if nam changed) | ie | | le:If typ ie lines. | oing, ty | /pe | | L2F | 'E4 | M5 | _ | | | | | | |
| Marc for US | S Inc. | | | | | | | | | | | | | | | | | | ı |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | PO Box 5 | 158 | | | | | | | | | | | | | | | | |
| (Check if a is changed | | | | | | | | | | | | | | 1 | | | | | |
| is changed | u) | Poughkee | epsie | | | | | . 1 | | NY | | ı | 126 | 02 | | 1. | _ | | |
| | | CIT | TY 🛦 | | | | | | ; | STAT | _ E ▲ | L | | | Z | IP(| COD | E▲ | |
| COMMITTEE'S E-MA | AII ADDRES | SS | | | | | | | | | | | | | | | | | |
| (Check if a | | | hdafec.co | ım | | | | | | | | | | | | | | | |
| is changed | | | | | | | | | | | | | | | | | | | |
| | | Optional S | Second E-Ma e@hdafec | ail Addre | ess | | | | | | | | | | | | | | ı |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB | | | • | | | | | | | | | | | | | | | | |
| | | MarcforUS | S.com | | | | | | | | | | | | | | | | |
| | | I , , , | 1 1 1 1 | | 1 1 1 | 1 1 | 1 1 | 1 1 | ı | | ı | 1 1 | ı | | 1 1 | | ı | | . I |
| | | | | | | | | | | | | | | | | | | | |
| 2. DATE 0 | 3 09 | D / Y | Y Y Y Y 2023 | | | | | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ | C | C00 | 789586 | | _ | | | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW | (N) O | R | x | AME | NDED | (A) | | | | | | | | | | | |
| I certify that I have e | examined thi | s Statemer | nt and to the | best of | f my kno | wledge | and b | elief | it is | true, | corı | rect a | and | con | nplet | Э. | | | |
| Type or Print Name | of Treasurer | Lisker, Li | sa, , , | | | | | | | | | | | | | | | | |
| Signature of Treasure | er <i>Lisker</i> , | Lisa, , , | | | [E | lectronic | ally Fil | ed] | Da | ate | T. | 03 | _ ′ | D (| D 09 | / | | y 2023 | YYY |
| NOTE: Submission of | false, errone | | mplete inform | | | | | | | | | | | oena | ılties | of 5 | i2 U. | S.C. | §30109 |
| Office Use | | | | | Fe | or further deral Ele Il Free 80 | ction C | ommis | | ict: | | | | | | | RM 5/201 | | |

Local 202-694-1100

| E | EC Form 1 (Revised 03/2022) | Page 2 |
|---|---|----------------------|
| | TYPE OF COMMITTEE: | |
| | Candidate Committee: | |
| | (a) X 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 Molinaro, Molinaro, Marcus, Marcus, J.,J., ,, | |
| | Candidate Party Affiliation REP Sought: House Senate President | State NY District 19 |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | District 19 |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) This committee is a (National, State or subordinate) committee of the Republican, e | 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 Org | ganization |
| | Membership Organization Trade Association Cooperation | ve |
| | 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 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 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 | |
| | 1C | |
| | | |

| FEC Form | 1 (Revised 02/2009) | | | Page 3 |
|-------------------|------------------------------------|---------------------------|-------------------------------|----------------------------|
| Write or Type Con | mittee Name | | | |
| Marc fo | · US Inc. | | | |
| = | Connected Organization, Affilia | ted Committee, Joint Fund | raising Representative, o | Leadership PAC Sponsor |
| GIFARIVI | ΓΕΑΜ 2022 | | | |
| | | | | |
| | | | | |
| Mailing Address | PO BOX 30844 | | | |
| | 1 | | | |
| | BETHESDA | | ı ı MD ı | 20824 |
| | | | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ |
| Relationship: | Connected Organization A | ffiliated Organization | int Fundraising Representativ | re Leadership PAC Sponso |
| | | | | |
| | ecords: Identify by name, address | s (phone number optional) | and position of the person in | n possession of committee |
| books and reco | ds. | | | |
| | Lisker, Lisa, , , | | | |
| Full Name | | | | |
| Mailing Address | 228 S. Washington | ı St. | | |
| | Ste. 115 | | | |
| | Alexandria | | , VA | 22314 |
| | | | | |
| B | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position | · | | | |
| Assistant Treas | irer | | elephone number 70 | 3 - 549 - 7705 |
| | | | | |
| | the name and address (phone r | | easurer of the committee; a | nd the name and address of |
| any designated | agent (e.g., assistant treasurer). | | | |
| Full Name | Lisker, Lisa, , , | | | |
| of Treasurer | | | | |
| Mailing Address | 228 S Washington | St | | |
| | Ste 115 | | | |
| | Alexandria | | , , VA | 22314 |
| | | | | |
| | | | | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| Title or Position | ▼ | CITY A | STATE ▲ | ZIP CODE ▲ |

| | FEC Form 1 | (Revised 02/2009) | Page 4 |
|---|-------------------------------------|---|-------------------|
| | Full Name of Designated Agent | Moose, Taylor, , , | |
| | Mailing Address | 228 S. Washington St. | |
| | | Ste. 115 | |
| | | Alexandria VA 22314 | |
| | Title or Position | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Assistant Treasur | Telephone number 703 - | 549 - 7705 |
| • | | Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds. | s accounts, rents |
| | Name of Bank, D | pepository, etc. | |
| | | Truist/BB&T | |
| | Mailing Address | 1445 New York Ave., NW | |
| | | 4th Fl. | |
| | | Washington DC 20005 | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |
| | Name of Bank, D | Depository, etc. | |
| | | Chain Bridge Bank | |
| | Mailing Address | 1445-A Laughlin Ave | |
| | | | |
| | | McLean VA 22101 | |
| | | CITY ▲ STATE ▲ | ZIP CODE ▲ |

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

FEC Form 1S (Revised 02/2017)

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| (h). Joint Fundraisir | g Participant: | | |
|--|--|--------------------------|----------------------------|
| 1. | | FEC ID number | С |
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | C |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fund HOUSE 2022 | draising Representative | e, or Leadership PAC Spons |
| | | | |
| Mailing Address | PO BOX 30844 | | |
| | | | |
| | BETHESDA | MD | 20824 |
| Dalatianahin | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | d Organization Affiliated Committee | nt Fundraising Represent | ative Leadership PAC Spo |
| Connecte | | nt Fundraising Represent | ative Leadership PAC Spo |
| Connecte Connecte Connecte | d Organization Affiliated Committee | nt Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identif Full Name | d Organization Affiliated Committee | nt Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identif Full Name | d Organization Affiliated Committee | nt Fundraising Represent | ative Leadership PAC Spo |
| Connecte Designated Agent: Identif Full Name Mailing Address | Affiliated Committee Join y by name, address (phone number – optional) | nt Fundraising Represent | Leadership PAC Spo |
| Connecte Designated Agent: Identif Full Name | Affiliated Committee y by name, address (phone number – optional) CITY | | |
| Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositors afety deposit boxes or mailing and mailing an | Affiliated Committee | STATE A | ZIP CODE A |
| Connecte Designated Agent: Identification Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor Safety deposit boxes or mailing agents agents agents agents agents. Evolve Depository, etc. | Affiliated Committee y by name, address (phone number – optional) CITY CITY CITY Bank & Trust Bank & Trust | STATE A | ZIP CODE A |

FEC Form 1S (Revised 02/2017)

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

Page __6 **of** _8___

| 1. | | FEC ID number | C |
|---|--|------------------------|---------------------------|
| 2. | | FEC ID number | C |
| 3. | | FEC ID number | С |
| 4. | | FEC ID number | С |
| | | | |
| = | Organization, Affiliated Committee, Joint Fundra CAN NOMINEE FUND 2022 | aising Representative | e, or Leadership PAC Spon |
| | | | |
| | | | |
| Mailing Address | PO BOX 9891 | | |
| | | | |
| | ARLINGTON | , , VA | 22219 |
| Relationship: | CITY A | STATE ▲ | ZIP CODE ▲ |
| | | Fundraising Representa | ative Leadership PAC S |
| Connected | | Fundraising Representa | ative Leadership PAC S |
| Connected esignated Agent: Identify | d Organization X Affiliated Committee Joint | Fundraising Represent | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | d Organization X Affiliated Committee Joint | Fundraising Represent | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | d Organization X Affiliated Committee Joint | Fundraising Represent | Leadership PAC S |
| esignated Agent: Identify Full Name Mailing Address | Affiliated Committee Joint by name, address (phone number – optional) | Fundraising Represent | Leadership PAC S |
| Connected esignated Agent: Identify Full Name | Affiliated Committee Joint by name, address (phone number – optional) CITY | | |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Joint by name, address (phone number – optional) CITY Te | STATE A lephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION | Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which is | STATE A lephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Wells I | Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which is | STATE A lephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail ame of Bank, epository, etc. | Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which faintains funds. | STATE A lephone Number | ZIP CODE A |
| esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, Wells I | Affiliated Committee Joint by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which sintains funds. Fargo Bank | STATE A lephone Number | ZIP CODE A |

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

FEC Form 1S (Revised 02/2017)

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| 5(g) o | or(h). Joint Fundraising | Participant: | | |
|--------|---|---|------------------------|------------------------------|
| | 1 | | FEC ID number | C |
| | 2 | | FEC ID number | C |
| | 3. | | FEC ID number | С |
| | 4. | | FEC ID number | С |
| 6. | | Organization, Affiliated Committee, Joint Fundra | aising Representative | e, or Leadership PAC Sponsor |
| | WOLINATO VICTO | | | |
| | | | | |
| | Mailing Address | 228 S WASHINGTON ST | | |
| | | STE 115 | | |
| | | ALEXANDRIA | VA VA | 22314 |
| | Relationship: | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Connected | Organization Affiliated Committee X Joint | Fundraising Representa | ative Leadership PAC Sponsor |
| | | | | |
| 3. | Designated Agent: Identify Full Name | by name, address (phone number – optional) | | |
| 3. | | by name, address (phone number – optional) | | |
| 3. | Full Name | by name, address (phone number – optional) | | |
| i. | Full Name | by name, address (phone number – optional) | | |
| 3. | Full Name | CITY A | | |
| 3. | Full Name | CITY A | | |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY A Tel ies: List all banks or other depositories in which t | STATE A lephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY A Tel ies: List all banks or other depositories in which t | STATE A lephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail | CITY A Tel ies: List all banks or other depositories in which t | STATE A lephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY A Tel ies: List all banks or other depositories in which t | STATE A lephone Number | ZIP CODE A |
| | Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or mail Name of Bank, Depository, etc. | CITY A Tel ies: List all banks or other depositories in which t | STATE A lephone Number | ZIP CODE A |

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

| 5(g) | or(h). Joint Fundraisin | g Participant: | | |
|------|-------------------------------------|--|-----------------------|---------------------------------|
| | 1. | | FEC ID number | С |
| | 2. | | FEC ID number | C |
| | 3. | | FEC ID number | C |
| | 4. | | FEC ID number | C |
| 6. | Name of Any Connected NRCC New York | Organization, Affiliated Committee, Joint Fundra | ising Representativ | e, or Leadership PAC Sponsor |
| | | | | |
| | Mailing Address | 228 S Washington St | | |
| | | Alexandria | , , VA , | 22314 |
| | Relationship: | CITY ▲ | STATE A | ZIP CODE ▲ |
| | | | Fundraising Represent | |
| 8. | Designated Agent: Identify | by name, address (phone number - optional) | | |
| | Full Name | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | TITLE OR POSITION | ▼ CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | | Tel | ephone Number | |
| 9. | | | | |
| | Name of Bank, | ries: List all banks or other depositories in which the intains funds. | he committee deposit | es funds, holds accounts, rents |
| | safety deposit boxes or ma | | he committee deposit | ts funds, holds accounts, rents |
| | Name of Bank, | | he committee deposit | is funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | he committee deposit | is funds, holds accounts, rents |
| | Name of Bank, Depository, etc. | | he committee deposit | ts funds, holds accounts, rents |