(Revised 06/2012)

FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) ${\sf MVL}$ PAC PO Box 87 ADDRESS (number and street) (Check if address is changed) South Salem 10590 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address lauraschwartz99@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00817338 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 Schwartz, Laura, , 03 14 2024 Signature of Treasurer Schwartz, Laura, , , 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

Toll Free 800-424-9530

Local 202-694-1100

EC Form	1 (Revised 03/2022)	Page 2
TYPE C	OF COMMITTEE:	
Candid	date 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 information below.)	e the candidate
Name Candi	1	
Candi Party	date Office House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate	
Party (d)	Committee: This committee is a	ratic, can, etc.) Party
Politica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ected organization is
		0.000
		or Organization
		perative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	ated 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 (Hybric	I PAC).
	In addition, this committee is a Lobbyist/Registrant PAC.	·
Joint F	Fundraising Representative:	
(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(j)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	mittees Participating in Joint Fundraiser	
1.	C	

	FEC Form 1 (Revised 0)	2/2009)	Page 3
V	Irite or Type Committee Name	·	
	MVL PAC		
6.	=	ganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
	LAWLER, MICHAEL	VINCENI,,, 	
	Mailing Address	PO BOX 87	
		SOUTH SALEM NY 10590	[-]
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative X	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in possess	sion of committee
	Schwartz, L	.aura, , ,	
	Full Name		
	Mailing Address	55 Overlook Drive	
		1	
		Ridgefield CT 06877	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		211 0002 —
	Treasurer		241 - 5130
8.	Treasurer: List the name and any designated agent (e.g., a	I address (phone number optional) of the treasurer of the committee; and the n ssistant treasurer).	ame and address of
	Full Name Schwartz, L	aura, , ,	
	of Treasurer	155 Overlook Drive	
	Mailing Address		
		Ridgefield CT 06877	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer		241 - 5130

Full Name of Designated Agent Mailing Address	
Mailing Address	
CITY ▲ STATE ▲ ZIP CODE	A
Title or Position ▼	
. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.	ents
Name of Bank, Depository, etc.	
M&T Bank	
Mailing Address 14 S Moger Ave	
Mt Kisco NY 10549	
CITY ▲ STATE ▲ ZIP CODE 4	A
Name of Bank, Depository, etc.	
Mailing Address	
CITY ▲ STATE ▲ ZIP CODE A	A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Lawler Victory Furid			
Mailing Address	PO Box 87		
Relationship:	South Salem CITY	NY STATE ▲	10590 ZIP CODE ▲
	d Organization	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identify	by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identify Full Name	by name, address (phone number – optional) CITY		
Full Name Mailing Address	ries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc.	ries: List all banks or other depositories in which intains funds.	STATE A elephone Number the committee deposit	ZIP CODE A

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraisi	• .		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connector	l Organization, Affiliated Committee, Joint Fu	ndraising Ronrosontativ	e or Leadershin BAC Spon
NEW YORK MAJOR			
Mailing Address	PO BOX 183		
	HUDSON	wi wi	54016
Relationship:	CITY A	STATE A	ZIP CODE ▲
	Affiliated Committee X	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A ts funds, holds accounts, rent
esignated Agent: Identii 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 pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number ich the committee deposit	ZIP CODE A ts funds, holds accounts, rent

FEC Form 1S (Revised 02/2017)

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

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
HUDSON VALLEY N	MAJORITY MAKERS		
Mailing Address	PO BOX 87		
	SOUTH SALEM	NY NY	10590
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join by by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
		t Fundraising Represent	ative Leadership PAC Spo
esignated Agent: Identi		t Fundraising Represent	ative Leadersnip PAC Spo
Pesignated Agent: Identi		t Fundraising Represent	ative Leadersnip PAC Spo
Pesignated Agent: Identi	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional)	t Fundraising Represent	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which	STATE A relephone Number the committee deposit	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A relephone Number the committee deposit	ZIP CODE A ts funds, holds accounts, rents