PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) HARRIS BEACH PLLC POLITICAL COMMITTEE FEDERAL 99 GARNSEY ROAD ADDRESS (number and street) (Check if address is changed) **PITTSFORD** 14534 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS tabbott@harrisbeach.com (Check if address is changed) Optional Second E-Mail Address lestes@harrisbeach.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.harrisbeach.com (Check if address is changed) DATE 2021 C00195891 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. Abbott, Thomas, , , Type or Print Name of Treasurer Abbott, Thomas, , , [Electronically Filed] 01 28 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

	FFC Fo	rm 1 (Rayisad 02/2000)	Page 2
		OMMITTEE	i aye Z
Can	didate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Damas anatis
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	×	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position CFO

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	FEC Form 1 (Revised	02/2009)	Page 3
۷	Vrite or Type Committee Name		
	HARRIS BEAC	H PLLC POLITICAL COMMITTEE F	EDERAL
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
Н	larris Beach PLLC		
_			
	Mailing Address	99 GARNSEY ROAD	
		PITTSFORD NY CITY STATE	14534 ZIP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representa	Leadership PAC Sponsor
'.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Full Name Abbott, The Mailing Address	omas, , , , , , , , , , , , , , , , , , ,	
		PITTSFORD	14534
	Title or Position	CITY STATE	ZIP CODE
	CFO		585 - 419 - 8785
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Abbott, Th	omas, , ,	
	Mailing Address	99 GARNSEY ROAD	
		PITTSFORD	14534
		CITY STATE	7ID CODE

419

8785

585

Telephone number

FEC Forr	m 1 (Revised 02/2009)	Page 4
Full Name of Designated	Estes, Lindsay, , ,	
Agent	99 Garnsey Road	
Mailing Address		
	Pittsford	-
	CITY STATE ZIF	CODE
Title or Position Staff Accountar	nt Telephone number 585 - 419	9 8934
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	ccounts, rents
safety deposit be	oxes or maintains funds.	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America PO Box 15284	ccounts, rents
safety deposit bo	Depository, etc. Bank of America PO Box 15284	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America PO Box 15284	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America PO Box 15284 Wilmington DE 19850	ccounts, rents
safety deposit be Name of Bank,	Depository, etc. Bank of America PO Box 15284 Wilmington CITY STATE ZIF	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Bank of America	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Bank of America	