**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) is changed) over the lines. Esposito for Congress PO Box 622 ADDRESS (number and street) (Check if address is changed) Goshen 10924 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tmoose@hdafec.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00852889 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 Moose, Taylor, , Date 04 15 2024 Signature of Treasurer Moose, Taylor, , , 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

E	C Form 1 (Revised 03/2022)	Page <b>2</b>
	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 campaign committee. (Complete the information below.)	candidate
	Name of Candidate Esposito, Alison, , ,	
	Candidate Party Affiliation  REP  Office Sought:  House  Senate President	State NY District 18
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	ganization
	Membership Organization Trade Association Cooperation	ive
	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	O).
	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	
	1	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	/rite or Type Committee Name		
	Esposito for Con	gress	
6.	Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	GROW THE MAJOR	ITY NY	
	Mailing Address	228 S WASHINGTON ST STE 115	
		ALEXANDRIA VA 223	314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
:	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
	Moose, Tay	vlor, , ,	
	Full Name		
	Mailing Address	228 S Washington St. #115	
		Alexandria	314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	549 7705
<b>.</b>	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Moose, Tay	/lor, , ,	
	of Treasurer	200 0 Washington 00 1445	
	Mailing Address	228 S Washington St. #115	
		Alexandria	314
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	549 7705

FEC Form	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Davis, Keith, , ,	
Mailing Address	228 S Washington St. #115	
	Alexandria	VA 22314
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲
Assistant Treas	urer	one number 703 - 549 - 7705
	Depositories: List all banks or other depositories in which the coxes or maintains funds.	committee deposits funds, holds accounts, rents
Name of Bank,	Depository, etc.	
	Chain Bridge Bank, N.A.	
Mailing Address	1445A Laughlin Ave.	
	McLean	VA 22101
	CITY A	STATE ▲ ZIP CODE ▲
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY ▲	STATE ▲ ZIP CODE ▲

#### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC' 5 'F9 DCF H Z G7 < 98 I @ 'CF' + H9 A = N5 H = CB

Form/Schedule: F1A Transaction ID:

Amended in response to request for additional information dated April 10,2024 to add Stefanik-Esposito NY Victory, as well as adding joint fundraising representatives from Q1 2024.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

Page \_\_\_ **of** 8\_\_\_

h). <b>Joint Fundrais</b> i	ng Farticipant.		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
STEFANIK- ESPOS	ITO NY VICTORY		
	<sub>1</sub> P.O. BOX 500		
Mailing Address	F.O. BOX 300		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	STATE A	
esignated Agent: Identi  Full Name  Mailing Address	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   T	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or management of the companion of the c	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   CITY   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  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   ories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification  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   ories: List all banks or other depositories in which	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

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i aye	OI.	

(h). Joint Fundrais	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected SCALISE LEADERS	d Organization, Affiliated Committee, Joint Fo SHIP FUND 2024	undraising Representativ	e, or Leadership PAC Spons
Mailing Address	320 1ST ST SE		
	WASHINGTON	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optiona	1)	
Pesignated Agent: Ident	ify by name, address (phone number – optiona	<b>)</b>	
	ify by name, address (phone number – optiona	<b>)</b>	
Full Name	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address	CITY		ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	CITY ▲  ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	
Full Name Mailing Address	CITY ▲  ories: List all banks or other depositories in which is the state of the s	STATE A Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit	CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite afety deposit boxes or not be boxed.	CITY ▲  CITY ▲  Ories: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed and a second control of Bank, depository, etc.	CITY ▲  city ▲  cories: List all banks or other depositories in what with the state of the stat	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed and a second control of Bank, depository, etc.	CITY ▲  city ▲  cories: List all banks or other depositories in what with the state of the stat	STATE A  Telephone Number	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

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

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	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
	FEC ID number	С
ted Organization Affiliated Committee Joint F		re. or Leadershin PAC Spon
OMEN 2024		
228 S WASHINGTON ST		
STE 115		
ALEXANDRIA	VA VA	22314
CITY ▲	STATE ▲	ZIP CODE ▲
ntify by name, address (phone number - optiona	al)	
ntify by name, address (phone number – options	al)	
ntify by name, address (phone number – options	al)	
ntify by name, address (phone number – options	al)	
CITY A		ZIP CODE A
ntify by name, address (phone number – options  CITY ▲	STATE A  Telephone Number	ZIP CODE A
, L	228 S WASHINGTON ST  STE 115  ALEXANDRIA  CITY	FEC ID number  ted Organization, Affiliated Committee, Joint Fundraising Representative  OMEN 2024  228 S WASHINGTON ST  STE 115  ALEXANDRIA  CITY  STATE