FEC

Only

STATEMENT OF

PAGE 1 / 22

ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) NY Republican Federal Campaign Committee 315 State St ADDRESS (number and street) (Check if address is changed) Albany 12210-2001 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address mmclam@nygop.org is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.nygop.org (Check if address is changed) DATE 2025 C00055582 FEC IDENTIFICATION NUMBER 3. X 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. Type or Print Name of Treasurer Wells, Steven,, Wells, Steven, , , 12 12 2025 Signature of Treasurer 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate informat	ion below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	ittee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate	President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized cor	mmittee.
Name of Candidate	
Party Committee:	
(d) X This committee is a STA (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 lir	ne 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.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a s committee. (i.e., nonconnected committee)	separate segregated 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	5.)
(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 ac	ccounts (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 procommittees/organizations, at least one of which is an authorized committee of a federal committee.	
(j) This committee collects contributions, pays fundraising expenses and disburses net process committees/organizations, none of which is an authorized committee of a federal can	-
Committees Participating in Joint Fundraiser	
1	C
	C

	FEC Form 1 (Revi	ised 02/2009)		Page 3
٧	Vrite or Type Committee I	Name		
	NY Republica	an Federal Campaign Committee		
6.	Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Represe	entative,	or Leadership PAC Sponsor
	Republican Nation	onal Committee		
	Mailing Address	310 1st St SE		
		Washington	DC	20003-1885
		CITY ▲ ST	TATE A	ZIP CODE ▲
	Relationship: Conn	ected Organization X Affiliated Organization Joint Fundraising Re	lepresenta	
7.	Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person	in possession of committee
	1	m, Marie, , ,		
	Full Name			
	Mailing Address	315 State Street		
		Albany	NY	12210-2001
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone numbe	er 🖳	
8.		ne and address (phone number optional) of the treasurer of the coe.g., assistant treasurer).	ommittee;	and the name and address of
	Full Name Wells	s, Steven, , ,		
	Mailing Address	4478 Route		
		Suite 92		
		Cazenovia	NY	13035
	Title or Position ▼	CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Treasurer	Telephone numbe	er 3	15 - 200 - 1716

Telephone number

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Mclam, Marie, , ,	1 1 1 1 1 1 1	
Mailing Address	315 State Street		
	Albany	NY 1	2210-2001
Title or Decition	CITY ▲	STATE ▲	ZIP CODE ▲
Title or Position		number]
	Depositories: List all banks or other depositories in which the com wes or maintains funds.	mittee deposits funds,	, holds accounts, rents
Name of Bank, D	epository, etc.		
	Trustco		
Mailing Address	P.O. 1082		
·			
	Schenectady	NY 12	2301
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	BB&T		
Mailing Address	2200 Wilson Blvd		
	Suite 100		
	Arlington	VA 22	2201
	CITY ▲	STATE ▲	ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Form/Schedule: Transaction ID:

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

Page ___ **of** 22_

Organization, Affiliated Committee, Joint F	FEC ID number FEC ID number FEC ID number FEC ID number	C C C
	FEC ID number	C
	FEC ID number	
		С
	undraising Representative	
OQ .	anaraising nepresentative	e, or Leadership PAC Spons
PO Box 101		
Bayport	NY	11705-0101
CITY ▲	STATE ▲	ZIP CODE ▲
▼ CITY ▲	STATE ▲	ZIP CODE A
	Bayport CITY Organization Affiliated Committee	Bayport NY STATE A

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

Page ___ **of** 22_

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2. 🔟				FEC II	D number	С
3. 🔟				FEC II	D number	C
4. 🔟				FEC II	D number	С
	-	Organization, Affili	ated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spon
Elise \	/ictory Fund					
Mail	ing Address	PO Box 500				
		Glens Falls		I	NY	12801-0500
Rela	ationship:		CITY A		STATE A	ZIP CODE ▲
			Affiliated Committee X (phone number – option	Joint Fundraisin	g Representa	ative Leadership PAC Sp
	ed Agent: Identify				g Representa	ative Leadership PAC Sp
esignate	ed Agent: Identify				g Representa	ative Leadership PAC Sp
Designate Full N	ed Agent: Identify				g Representa	ative Leadership PAC Sp
esignate Full N	ed Agent: Identify				g Representa	ative Leadership PAC Sp
esignate Full N Mailin	ed Agent: Identify	by name, address			g Representa	Leadership PAC Sp

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
nected Organization	, Affiliated Committee, Joint	Fundraising Repr	esentative	, or Leadership PAC Spon
tory Committee				
P.O. Box 6	8			
South Sale	m 		NY	10590-
	CITY A		STATE A	ZIP CODE ▲
; <u> </u>				
;				
; <u> </u>				
SITION ▼	CITY A	S	TATE A	ZIP CODE A
t -	SS P.O. Box 6 South Sale	South Salem CITY Affiliated Committee	ory Committee South Salem CITY CITY	South Salem CITY STATE Connected Organization Affiliated Committee X Joint Fundraising Representation

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

	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Protect The House 2	024 		
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-0844
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join by by name, address (phone number – optional)	nt Fundraising Representa	Leaueisiiip FAC S
		it ruidiaising nepiesenia	Leadership PAC Sp
esignated Agent: Identi		III ruidiaising nepieseille	Leadership FAC 3
esignated Agent: Identi		It runuraising nepresente	Leadership FAC 3
esignated Agent: Identi		It runuraising nepresente	Leadership FAC 3
esignated Agent: Identi Full Name Mailing Address	by by name, address (phone number – optional)	STATE A	ZIP CODE A
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esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	cy by name, address (phone number – optional) CITY CITY Pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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

Page ___ **of** ____

(h). Joint Fundraisi	ig raiticipant.		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Schmitt Victory Fund	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	PO Box 67		
	South Salem	NY	10590-0067
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		nt Fundraising Representa	Leadership PAC Sp
	Affiliated Committee X Joing by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ___ **of** ____

(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	I Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	PO Box 30844		1 1 1 1 1 1 1 1 1 1
	Bethesda	, , MD	20824-0844
-		STATE ▲	ZIP CODE ▲
	CITY ▲ ed Organization	nt Fundraising Represent	
Connecte	ed Organization Affiliated Committee X Join		
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Join		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
House GOP Battlegr	Organization, Affiliated Committee, Joint Fuound Fund	ndraising Hepresentativ	e, or Leadership PAC Spons
Mailing Address	PO Box 500		
	Glen Falls	NY NY	12801-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.	<u> </u>		FEC ID	number	С
4.			FEC ID	number	С
Name of Any Conne	cted Organization, Af	filiated Committee, Joint	Fundraising Rep	resentative	e, or Leadership PAC Spon
Grow The Majori	ty NY				
Mailing Address	228 S Washing	gton St			
	Ste 115				
	Alexandria			VA	22314-5404
		CITV A		STATE ▲	ZIP CODE ▲
	nected Organization	CITY ▲ Affiliated Committee ss (phone number – option	Joint Fundraising		Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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3.		FEC ID number	C
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ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Grow The Majority			
Mailing Address	228 S Washington St		
ag / taa.eee	Ste 115		
	Alexandria	VA	22314-5404
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	Organization Affiliated Committee X Joint	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
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Full Name Mailing Address TITLE OR POSITION	by name, address (phone number – optional) CITY CITY Te	STATE A	ZIP CODE A
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h). Joint Fundraisi	ng Participant:		
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3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
Stefanik - Esposito N	NY Victory JFC		
	₁ PO Box 500		
Mailing Address	FO BOX 300		
	Glens Falls	NY NY	12801-0500
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Represent	Leadership PAC Sp
	ed Organization Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	3		
1.		FEC ID number	С
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ame of Any Connected	Organization, Affiliated Committee, Joint Fo	ındraising Renresentativ	re or Leadershin PAC Snon
Stefanik - Mazi NY V		Toprocontain	o, or Leadership FAC open
Mailing Address	228 S Washington St		
	Ste 115		
	Alexandria	VA I	22314-5404
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
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h). Joint Fundraisi	ng rundipunt.		
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-	l Organization, Affiliated Committee, Joint F	undraising Representativ	ve, or Leadership PAC Spon
NRSC Victory			
Mailing Address	228 S Washington St		
-	Ste 115		
	Alexandria	ı VA ı	22314-5404
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(h). Joint Fundraisi	·9 · ·······		
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lame of Any Connected	Organization, Affiliated Committee, Joint F	ındraising Representativ	re or Leadership PAC Spons
Trump 47 Committee	_		
Mailing Address	PO Box 509		
	Arlington	VA VA	22216-
Relationship:	CITY A	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X y by name, address (phone number – optional	Joint Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identif			tative Leadership PAC Sp
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	.g		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
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ame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Ny Victory Fund 2024	4 		
Mailing Address	320 First Street SE		
-			
	Washington	, DC	20003-
Relationship:	CITY ▲	STATE ▲	ZIP CODE A
	d Organization Affiliated Committee X Join y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC Sp
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Mailing Address	PO Box 26141		1 1 1 1 1 1 1 1 1
	Alexandria	VA	22313-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
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Mailing Address	PO Box 500		
	Glens Falls	NY	12801-
Relationship:	CITY A	STATE 4	ZIP CODE ▲
		loint Fundraising Represer	ntative Leadership PAC Sp
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Team Elise			
Mailing Address	PO Box 500		
Mailing Address			
	Glens Falls	. NV .	12801
		NY NY	12801-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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