FEC FORM 1

## STATEMENT OF ORGANIZATION

<b>FORM</b>	1	OR	GANIZA	MIO	N						
	-		(See instruction	ıs)				0	ffice use only		
1. NAME OF COMMITT	EE (in full)		eck if name nanged)		nple: If typying, the lines	type	12FE	1M5			
Tedisco	for Congres	:s 									
	шш			ш	шш			Щ			ш
ADDRESS (num	ber and street)	PO Box	1376 	ш	шш						
(Check if				ш				ш			ш
X is change	d)	Schenec	tady 	ш	шш	Ш	NY	L	1230 <sup>-</sup>	<u> </u>	
				CITY			STATE	•	ZIP	CODE 4	•
COMMITTEE'S	E-MAIL ADD	RESS (Please prov	ide only one e-r	nail addre	ss)						
(Check if is change		tediscof	orcongress@	gmail.	com 						
	-,										
(Check if is change	d)		tedisco.com			111					
3. FEC IDEN	TIFICATION N	UMBER	(	C 000	458737						
4. IS THIS ST	TATEMENT	X NEW (N)	OR		AMENDE	D (A)					
I certify that I have	e examined this	Statement and to the	e best of my knov	vledge and	d belief it is true,	correct and	d complete	•			
Type or Print Na	ame of Treasur	er <b>Joh</b> r	J Mazzone								
Signature of Tre	easurer Elec	etronically Filed by	John J Ma	zzone			Date	<b>0</b> 8 <b>0</b>	02	/ Y	<sup>y</sup> 2 0 0 9
NOTE: Submissi	on of false, error	neous, or incomplete	information may						of 2 U.S.C	. §437g.	
Offic Use Only	•				For further info Federal Election Toll Free 800-4. Local 202-694-	n Commissi 24-9530			FEC F	FORN d 02/2009	

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	COMMITTEE (Check One)  Committee:							
(a) X	This committee is a principal campaign committee. (Complete the cand	idate information below.)						
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate	James N. Tedisco							
Candidate Party Affilia	REP Office X House Sought:	enate President	ntate NY 20					
(c)	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate								
Party Com								
(d)	This committee is a (National, State (or subordinate) committee	e of the (Demo Repub	cratic, lican,etc.) Party.					
Political Ac	Political Action Committee (PAC):							
(e)	This committee is a separate segregated fund. (Identify connected organ	nization on line 6.) Its connected organi	ization is a:					
	Corporation Corporation w/o Capita	al Stock Labor Orga	anization					
	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 fund or party committee. (i.e., nonconnected committee)							
	In addition, this committee is a Lobbyist/Registrant PAC.							
	In addition, this committee is a Leadership PAC. (Identify sponsor	on line 6.)						
Joint Fundr	loint Fundraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized committee.		oolitical					
(h)	This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a		political					
Con	mmittees Participating in Joint Fundraiser							
	1 FEC	ID number						
	2	ID number C						
	3 FEC	ID number C						
	4.   FEC	ID number C						

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Write or Type Committee Name								
Tedisco for Congress								
6. Name of Any Connected Or	rganization, Affiliated Committee, Joi	nt Fundraising Representative, o	r Leadership PAC Sponsor					
Tedisco-NRCC Victory F								
<u> </u>	1	<u> </u>						
Mailing Address	228 S. Washingtor	n Street, Suite 11						
	Alexandria	<b></b>	22314					
	CITY▲	STATE	ZIP CODE 🛦					
Relationship:								
Connected Organization	Affiliated Committee	X Joint Fundraising Representativ	ve Leadership PAC Sponsor					
possession of Committee	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.  John J. Mazzone  Full Name							
Mailing Address	PO Box 162							
	Clifton Park	NY	12065					
Title or Position ▼ Treasurer	CITY A	STATE.  Telephone number	ZIP CODE 1 518 - 373 - 2702					
	<b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).							
Full Name of Treasurer <b>John</b> .	J. Mazzone							
Mailing Address	PO Box 162							
	Clifton Park	NY	12065					
Title or Position ♥	CITY A	STATE	A ZIP CODE A					
Treasure	<u>r</u>	Telephone number _	518 373 2707					

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	Full Name of Designated Agent								
	Mailing Address								
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A					
		Tele	ephone number						
9.	safety deposit boxes or m	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.							
Key Bank									
	Mailing Address	112 Grand Concorse							
		Albany	NY L	12220					
		CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕					
	Name of Bank, Depository	y, etc.							
	Mailing Address								
		CITY 🛦	STATE <b>△</b>	ZIP CODE 🛕					