

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NATIONAL COALITION FOR ASSISTIVE AND REHAB TECHNOLOGY CRT PAC

ADDRESS (number and street) 54 TOWHEE COURT
 (Check if address is changed)
EAST AMHERST NY 14051
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) DCLAYBACK@NCART.US
Optional Second E-Mail Address
MLEE@NCART.US

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) www.NCART.us

2. DATE 03 / 07 / 2023

3. FEC IDENTIFICATION NUMBER C C00572990

4. 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 Lee, Mickae, , ,

Signature of Treasurer Lee, Mickae, , , [Electronically Filed] Date 03 / 22 / 2023

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.

5. 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 candidate information below.)

Name of Candidate

Candidate Party Affiliation Office Sought: House Senate President State District

- (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 (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 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 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.)

- (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).

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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.
2.

C
C

Write or Type Committee Name

NATIONAL COALITION FOR ASSISTIVE AND REHAB TECHNOLOGY CRT PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid lines for text entry

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Grau, Wayne, , ,

Full Name

Grid lines for full name

Mailing Address

PO Box 23320

Grid lines for mailing address

Rochester

NY

14692

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Executive Director

Grid lines for title or position

Telephone number

570

902

9878

Grid lines for telephone number

8. Treasurer: 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

Lee, Mickae, , ,

Grid lines for full name of treasurer

Mailing Address

PO Box 23320

Grid lines for mailing address

Rochester

NY

14692

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Associate Director

Grid lines for title or position

Telephone number

585

784

0208

Grid lines for telephone number

Full Name of Designated Agent Renehan, Deborah, , ,

Mailing Address PO Box 23320 Rochester NY 14692 CITY STATE ZIP CODE

Title or Position Administrative Coord Telephone number 585 622 2704

9. 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.

n/a Mailing Address n/a Rochester NY 14692 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Manufacturers and Trade Bank Mailing Address 2050 Kensington Avenue Snyder NY 14226 CITY STATE ZIP CODE