Only

STATEMENT OF

PAGE 1 / 12 =

FORM 1		OF	RGAN	IZAT	ION	1						Off	fice Us	se Onl	v		
1. NAME OF COMMITTEE (ir	n full)		neck if name changed)		xample ver the	e:If typi lines.	ng, typ	е	12	2FE	4M5				<u>y</u>		
E-PAC																	
ADDRESS (number a	nd street)	PO BOX 50	00														
(Check if a is changed		1		1 1 1	1 1		1 1	ı		1 1	ı	I I		ı	1 1		₁
is changed	1)	GLEN FALI							L	IY ATE	A	128	01	ZIF	 -	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRE	SS															
(Check if a is changed		complianc	e@complian	ceconsulti	ngva.c	om											
_		Optional Se	econd E-Mai	il Address													
COMMITTEE'S WEB (Check if a is changed	address	JHESS (UHL)														
2. DATE 09	9 19)24														
3. FEC IDENTIFIC	CATION NU	JMBER ▶	С	C00570	945												
4. IS THIS STATEM	MENT	NEW (N	l) O F	₹	×	AMEN	IDED ((A)									
certify that I have e	examined th	is Statement	and to the	best of my	y know	/ledge	and be	elief it	is tru	ie, co	orrect	and	com	olete.			
Type or Print Name	of Treasure	Hobbs, Ca	bell, , ,														
Signature of Treasure	er Hobb	s, Cabell, , ,						_	Date		M 09	M /	D 1	9	/ Y	y 2024	YYY
NOTE: Submission of	false, errone		plete informa GE IN INFO										penal	ties o	f 52 l	J.S.C.	§30109
Office Use					Fed	further eral Elec Free 800	tion Cor	nmissi		:					ORN 06/20		

Local 202-694-1100

FEC F	m 1 (Revised 03/2022) Page 2
. TY	E OF COMMITTEE:
Ca	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. (Complete the candidate information below.)
	me of indidate
	ndidate rty Affiliation Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	lame of candidate
	y Committee: (National, State (Democratic,
(d)	This committee is a or subordinate) committee of the Republican, etc.) Party
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a Corporation
(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.
Jo	t 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.
	ommittees Participating in Joint Fundraiser

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	rite or Type Committee Name	·	
	E-PAC		
3.		rganization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
	Elise Victory Fund		
	Mailing Address	Po Box 500	
		Glens Falls NY 12	2801
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponsor
	Custodian of Decardo Ident	ify by name, address (phone number optional) and position of the person in po	
<i>'</i> .	books and records.	ny by name, address (phone number optional) and position of the person in po	ssession of committee
	Hobbs, Cal	bell, , ,	1
	Mailing Address	Po Box 500	
		Glens Falls NY 12	2801
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	CITT	ZIF CODE A
	Treasurer	Telephone number]
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and tassistant treasurer).	the name and address of
	Full Name Hobbs, Cal	bell, , ,	
	Mailing Address	Po Box 500	
		Glens Falls NY 12	2801
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	-

FEC Form	1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	Johnson, Melodie, , ,		
Mailing Address	Po Box 500		
	Glens Falls	NY NY	12801
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasu	irer i	1	
	Telephone	number	
	Depositories: List all banks or other depositories in which the compxes or maintains funds.	mittee deposits fu	inds, holds accounts, rents
Name of Bank, I	Depository, etc.		
	TRUIST		
Mailing Address	2200 Wilson Blvd Ste 100		
	Arlington	Ŭ VA □	22201
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, I	Depository, etc.		
	Chain Bridge Bank	1	
Mailing Address	1445-A Laughlin Ave		
	McLean	Ŭ VA □	22101
	CITY ▲	STATE ▲	ZIP CODE ▲

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	C
3.		FEC ID number	C
4.		FEC ID number	C
UPSTATE NEW YO	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 500		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	ý by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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

Page	of	12	

(h). Joint Fundraisi	J		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	l Organization, Affiliated Committee, Joint Fo	undraising Representativ	re. or Leadership PAC Spons
STEFANIK, ELISE	_		
Mailing Address	PO BOX 500		
	GLENS FALLS	NY NY	12801
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee fy by name, address (phone number – optiona	Joint Fundraising Represent	ative X Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optiona		
esignated Agent: Identi	fy by name, address (phone number – optiona		Leadership PAC Sp
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona		
Full Name Mailing Address TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or marks are of Bank,	fy by name, address (phone number – optiona CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optiona CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Ganks or Other Deposite afety deposit boxes or make the property of the proposition of Bank, depository, etc.	fy by name, address (phone number – optional CITY A CITY A pries: List all banks or other depositories in whaintains funds.	STATE Telephone Number	ZIP CODE A

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

h). Joint Fundraisi	.g . a. no.pa		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spon
Mailing Address	PO BOX 500		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Representa	Leadership PAC S
	d Organization Affiliated Committee X Joint Join	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Representa	Leadership PAC S
esignated Agent: Identif		int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

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

Page	of	12
raue	OI.	

1		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fu	indraising Representativ	e, or Leadership PAC Spons
HOUSE GOP BATT	LEGROUND FUND		
Mailing Address	PO BOX 500		
Ç			
	GLENS FALLS	, NY	12801
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Joint Fundraising Represent	
	ify by name, address (phone number – optiona)	
Full Name	ify by name, address (phone number – optiona		
	ify by name, address (phone number – optiona		
Full Name	ify by name, address (phone number – optiona		
Full Name			7ID CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit	CITY ▲ cries: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or necessity.	CITY ▲ cries: List all banks or other depositories in wh	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	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite the properties of the position of the p	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 by the second state of Bank, Depository, etc.	CITY ▲ city A cories: List all banks or other depositories in what intains 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 by the second state of Bank, Depository, etc.	CITY ▲ city A cories: List all banks or other depositories in what intains funds.	STATE A Telephone Number	s funds, holds accounts, rents

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

h). Joint Fundraisi	3		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connector	d Organization, Affiliated Committee, Joint Fund	raising Representative	or Leadership PAC Spon
STEFANIK-MAZI N		raising hepresemative	e, or Leadership FAO Spon
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		t Fundraising Representa	Leadership PAC S
	Affiliated Committee X Join fy by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi		t Fundraising Representa	Leadership PAC S
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY To 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 To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite affety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite the deposite boxes or mane of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY To ories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	l Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
STEFANIK- ESPOS	ITO NY VICTORY		
Mailing Address	P.O. BOX 500		
Mailing Address			
	GLENS FALLS	. NV .	, 12801
-		NY NY	
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A cries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or market and the second	CITY A cries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A cries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A cries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in whice	Telephone Number	
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY A cries: List all banks or other depositories in whice	Telephone Number	

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

Page	of	12
raue	OI.	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
	I Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
E-PAC MAJORITY I	MAKERS		
AA-W- AAIA-	PO BOX 500		
Mailing Address			
	0.500 500 6		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		t Fundraising Represent	ative Leadership PAC Sp
	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	fy by name, address (phone number – optional)	t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)	st Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional) CITY		
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 Tories: 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 Tories: 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 Tories: 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 Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A

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

5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	С
2.			FEC ID number	С
3.			FEC ID number	С
4.			FEC ID number	С
	e of Any Connected O	rganization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON STREET		
	Walling Address	SUITE 115		
		ALEXANDRIA	VA	22314
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
8. Desig	Connected Connec	Organization Affiliated Committee X Joint oy name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sponsor
Fı	ull Name			
M	ailing Address			
Т	TITLE OR POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
L		I	elephone Number	
9. Banks				
safety Name	s or Other Depositorie deposit boxes or main of Bank, sitory, etc.	es: List all banks or other depositories in which tains funds.	the committee deposit	es funds, holds accounts, rents
safety Name	deposit boxes or main of Bank, sitory, etc.	es: List all banks or other depositories in which tains funds.	the committee deposit	is funds, holds accounts, rents