

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Katko for Congress

ADDRESS (number and street)

5407 Anvil Drive

Check if different than previously reported. (ACC)

Camillus

NY

13031-8646

2. FEC IDENTIFICATION NUMBER ▼

C C00556365

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NY

24

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on  /  /  in the State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas O'Connor

Signature of Treasurer Thomas O'Connor

[Electronically Filed]

Date

/  /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Katko for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	11800	12880
(b) Total Contribution Refunds (from Line 20(d)) .....	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	11800	12880
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	88333.32	99721.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	1020.35	1020.35
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	87312.97	98700.84
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>13018.38</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>26612.15</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Katko for Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1650	1650
(ii) Unitemized.....	150	230
(iii) TOTAL of contributions from individuals ▶	1800	1880
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	10000	11000
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	11800	12880
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0	0
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0	0
(b) All Other Loans.....	0	0
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0	0
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	1020.35	1020.35
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0	0
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	12820.35	13900.35

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	88333.32	99721.19
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	25000
(b) Of All Other Loans .....	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	25000
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS .....	390	390
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	88723.32	125111.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	88921.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12820.35
25. SUBTOTAL (add Line 23 and Line 24).....	101741.7
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	88723.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13018.38

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 20
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Norman Lent**

Mailing Address 3529 Malvern Court

City Alexandria State VA Zip Code 22304-1852

FEC ID number of contributing federal political committee. **C**

Name of Employer Arent Fox Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify) General 2014

Election Cycle-to-Date **250**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 29 / 2014

**Transaction ID : A-CF2827**

Amount of Each Receipt this Period  
**250**

General Debt

**B.** Full Name (Last, First, Middle Initial)  
**Larry Losty**

Mailing Address 111 Harriet Street

City Syracuse State NY Zip Code 13219-2359

FEC ID number of contributing federal political committee. **C**

Name of Employer Superior Office Furniture Occupation Office Furniture Distributor

Receipt For: 2014  
 Primary  General  
 Other (specify) General 2014

Election Cycle-to-Date **1400**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 04 / 2014

**Transaction ID : A-IF2821**

Amount of Each Receipt this Period  
**1400**

Inkind: Office furniture-General Debt

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**1650.00**

**1650.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Comcast Corporation & NBC Universal Political Action Committee**

Mailing Address **One Comcast Center**  
**1701 JFK Blvd.**

City **Philadelphia** State **PA** Zip Code **19103**

FEC ID number of contributing federal political committee. **C C00248716**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **General 2014**

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 29 / 2014**

**Transaction ID : A-CF2829**

Amount of Each Receipt this Period  
**2500**

General Debt

**B.** Full Name (Last, First, Middle Initial)  
**Corning Incorporated Employees Political Action Committee**

Mailing Address **325 7th Street NW**  
**Suite 600**

City **Washington** State **DC** Zip Code **20004-2805**

FEC ID number of contributing federal political committee. **C C00033589**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **General 2014**

Election Cycle-to-Date  
**2500**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 29 / 2014**

**Transaction ID : A-CF2828**

Amount of Each Receipt this Period  
**2500**

General Debt

**C.** Full Name (Last, First, Middle Initial)  
**Dealers Election Action Committee of the National Automobile Dealers Association**

Mailing Address **412 1st Street SE**

City **Washington** State **DC** Zip Code **20003-1804**

FEC ID number of contributing federal political committee. **C C00040998**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) **General 2014**

Election Cycle-to-Date  
**5000**

Date of Receipt  
 M M / D D / Y Y Y Y  
**12 / 11 / 2014**

**Transaction ID : A-CF2826**

Amount of Each Receipt this Period  
**5000**

General Debt

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**10000.00**

**10000.00**

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 20
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**MSA Insurance Group (NGM Insurance Company)**

Mailing Address 220 Salina Meadows Parkway  
Suite 200

City Syracuse State NY Zip Code 13212-4528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) General 2014

Election Cycle-to-Date  
580.25

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2014

**Transaction ID : A-OF2874**

Amount of Each Receipt this Period  
66.5

Vendor Refund of Overpayment

**B.** Full Name (Last, First, Middle Initial)  
**MSA Insurance Group (NGM Insurance Company)**

Mailing Address 220 Salina Meadows Parkway  
Suite 200

City Syracuse State NY Zip Code 13212-4528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) General 2014

Election Cycle-to-Date  
580.25

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2014

**Transaction ID : A-OF2873**

Amount of Each Receipt this Period  
513.75

Vendor Refund of Overpayment

**C.** Full Name (Last, First, Middle Initial)  
**Vera House Foundation**

Mailing Address 6181 Thompson Road  
Suite 100

City Syracuse State NY Zip Code 13206-1420

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
390

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 03 / 2014

**Transaction ID : A-OF2863**

Amount of Each Receipt this Period  
390

Vendor Refund

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

970.25

970.25

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Full Name (Last, First, Middle Initial) <b>A. 5 Star Business Machines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 28 / 2014</b>
Mailing Address <b>6710 Vip Parkway</b>		Amount of Each Disbursement this Period <b>351</b> <b>Transaction ID : B-E-2801</b>
City <b>Syracuse</b> State <b>NY</b> Zip Code <b>13211-7326</b>	Purpose of Disbursement <b>Office Supplies</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>General 2014</b>
State: District:		

Full Name (Last, First, Middle Initial) <b>B. 5 Star Business Machines</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 01 / 2014</b>
Mailing Address <b>6710 Vip Parkway</b>		Amount of Each Disbursement this Period <b>351</b> <b>Transaction ID : B-E-2859</b>
City <b>Syracuse</b> State <b>NY</b> Zip Code <b>13211-7326</b>	Purpose of Disbursement <b>Office Equipment</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Advantage, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y <b>12 / 31 / 2014</b>
Mailing Address <b>698 Corporate Center Court Suite D</b>		Amount of Each Disbursement this Period <b>2910</b> <b>Transaction ID : B-E-2810</b>
City <b>Westminster</b> State <b>MD</b> Zip Code <b>21157-3051</b>	Purpose of Disbursement <b>Media Purchase</b> <b>001</b> Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <b>2014</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <b>General 2014</b>
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>3612.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Full Name (Last, First, Middle Initial) <b>A. Aristotle</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 205 Pennsylvania Avenue SE		Amount of Each Disbursement this Period 600 <b>Transaction ID : B-E-2866</b>
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement Compliance Software Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. C.R. Fletcher Associates, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 126 N Salina Street Suite 107		Amount of Each Disbursement this Period 22034.59 <b>Transaction ID : B-E-2803</b>
City Syracuse State NY Zip Code 13202-1062	Purpose of Disbursement Staffing Service Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	State: District:	

Full Name (Last, First, Middle Initial) <b>c. DB&amp;J Enterprises</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 709 Erie Boulevard W		Amount of Each Disbursement this Period 1000 <b>Transaction ID : B-E-2865</b>
City Syracuse State NY Zip Code 13204-2370	Purpose of Disbursement Office Rent Candidate Name Category/Type 001	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23634.59
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A. Dupli Envelope & Graphics**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 11500

City Syracuse State NY Zip Code 13218-1500

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 02 / 2014

Amount of Each Disbursement this Period: 11554.05

Transaction ID : B-E-2857

Category/Type: 001

**B. Genesee Grande Hotel**

Full Name (Last, First, Middle Initial)  
Mailing Address 060 E Genesee St

City Syracuse State NY Zip Code 13210

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 2187.48

Transaction ID : B-E-2858

Category/Type: 001

**c. Huckaby Davis Lisker**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement Compliance Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 02 / 2014

Amount of Each Disbursement this Period: 4136.05

Transaction ID : B-E-2802

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 17877.58

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A. KAP Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 100 Fillmore Street  
Floor 5

City Denver State CO Zip Code 80206-4916

Purpose of Disbursement Strategic Consulting  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 2172.68

Transaction ID : B-E-2805

Category/Type: 001

**B. Kitty Hoyne's Irish Pub**

Full Name (Last, First, Middle Initial)  
Mailing Address 301 W Fayette Street

City Syracuse State NY Zip Code 13202-1201

Purpose of Disbursement Event Catering  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 20 / 2014

Amount of Each Disbursement this Period: 4000

Transaction ID : B-E-2870

Category/Type: 001

**C. Landmark Graphics**

Full Name (Last, First, Middle Initial)  
Mailing Address 508 Mitchell Avenue

City Syracuse State NY Zip Code 13208-1431

Purpose of Disbursement Printing  
Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 01 / 2014

Amount of Each Disbursement this Period: 880.25

Transaction ID : B-E-2800

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 7052.93

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

**A. Public Opinion Strategies**

Full Name (Last, First, Middle Initial)  
Mailing Address 214 N Fayette Street

City Alexandria State VA Zip Code 22314-2433

Purpose of Disbursement Polling/Research

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) General 2014

State: District:

Date of Disbursement: 12 / 31 / 2014

Amount of Each Disbursement this Period: 14250

Transaction ID : B-E-2806

Category/Type: 001

**B. Quartier Printing**

Full Name (Last, First, Middle Initial)  
Mailing Address 5795 Bridge Street

City East Syracuse State NY Zip Code 13057-2920

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 31 / 2014

Amount of Each Disbursement this Period: 2338.25

Transaction ID : B-E-2872

Category/Type: 001

**c. Ring Central Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 1400 Fashion Island Boulevard  
Floor 7

City San Mateo State CA Zip Code 94404-2060

Purpose of Disbursement Office Supplies

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement: 12 / 19 / 2014

Amount of Each Disbursement this Period: 159.5

Transaction ID : B-E-2869

Category/Type: 001

**SUBTOTAL** of Disbursements This Page (optional) ..... 16747.75

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Full Name (Last, First, Middle Initial) <b>A. Times of Wayne County</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address PO Box 608		Amount of Each Disbursement this Period 465
City Macedon	State NY	Zip Code 14502-0608
Purpose of Disbursement Advertising	Category/ Type 001	
Candidate Name		Transaction ID : B-E-2860
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Townsend Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2014
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 3866.66
City Alexandria	State VA	Zip Code 22314-1837
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	
Candidate Name		Transaction ID : B-E-2807
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Townsend Group</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2014
Mailing Address 1006 Pendleton Street		Amount of Each Disbursement this Period 10900
City Alexandria	State VA	Zip Code 22314-1837
Purpose of Disbursement Fundraising Consulting	Category/ Type 001	
Candidate Name		Transaction ID : B-E-2871
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	15231.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Full Name (Last, First, Middle Initial) <b>A. United Imaging &amp; Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 6493 Ridings Road Suite 107		Amount of Each Disbursement this Period 1663.2 <b>Transaction ID : B-E-2804</b>
City Syracuse	State NY Zip Code 13206-1199	
Purpose of Disbursement Printing	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. USAirways</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 4000 E Sky Harbor Boulevard		Amount of Each Disbursement this Period 304.2 <b>Transaction ID : B-E-2852</b>
City Phoenix	State AZ Zip Code 85034-3802	
Purpose of Disbursement Travel	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Larry Losty</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 111 Harriet Street		Amount of Each Disbursement this Period 1400 <b>Transaction ID : B-I-2821</b>
City Syracuse	State NY Zip Code 13219-2359	
Purpose of Disbursement Inkind: Office furniture-General Debt	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) General 2014	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3367.40
<b>TOTAL</b> This Period (last page this line number only).....	87523.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vera House Foundation</b>		Date of Disbursement M M / D D / Y Y Y Y <b>11 / 26 / 2014</b>
Mailing Address <b>6181 Thompson Road Suite 100</b>		Amount of Each Disbursement this Period <b>390</b> <b>Transaction ID : B-E-2849</b>
City <b>Syracuse</b> State <b>NY</b> Zip Code <b>13206-1420</b>	Purpose of Disbursement <b>Charitable Contribution</b> <input type="checkbox"/> 012 Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>390.00</b>

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)  
**Katko for Congress**

Transaction ID : **SC/10-L1**

LOAN SOURCE Full Name (Last, First, Middle Initial)

**John M Katko**

**[PERSONAL FUNDS]**

Election: 2014

Primary  
 General  
 Other (specify) ▼  
General 2014

Mailing Address  
5407 Anvil Drive

City State ZIP Code  
Camillus NY 13031-8646

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period  
45000 25000 20000

### TERMS

Date Incurred Date Due Interest Rate Secured:  
M 03 / D 31 / Y 2014 M M / D D / On Demand 0.00 % (apr)  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional)..... ▶ 20000.00  
**TOTALS** This Period (last page in this line only)..... ▶ 20000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

**Katko for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Dupli Envelope &amp; Graphics</b>	Nature of Debt (Purpose): Printing
Mailing Address PO Box 11500	
City State Zip Code Syracuse NY 13218-1500	

Outstanding Balance Beginning This Period 12006.11	<b>Transaction ID : SD10-DEBT2857</b>	
Amount Incurred This Period 0	Payment This Period 11554.05	Outstanding Balance at Close of This Period 452.06

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>United Imaging &amp; Printing</b>	Nature of Debt (Purpose): Printing
Mailing Address 6493 Ridings Road Suite 107	
City State Zip Code Syracuse NY 13206-1199	

Outstanding Balance Beginning This Period 1663.2	<b>Transaction ID : SD10-DEBT2804</b>	
Amount Incurred This Period 0	Payment This Period 1663.2	Outstanding Balance at Close of This Period 0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Mindshare LLC</b>	Nature of Debt (Purpose): Web Services
Mailing Address 1857 W Fayette Street	
City State Zip Code Syracuse NY 13204-1795	

Outstanding Balance Beginning This Period 6160.09	<b>Transaction ID : SD10-DEBT2808</b>	
Amount Incurred This Period 0	Payment This Period 0	Outstanding Balance at Close of This Period 6160.09

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	6612.15
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Katko for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>5 Star Business Machines</b>		Nature of Debt (Purpose): Office Supplies
Mailing Address 6710 Vip Parkway		
City State	Zip Code	
Syracuse	NY 13211-7326	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2801</b>	
<input type="text" value="351"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="351"/>	<input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Advantage, Inc.</b>		Nature of Debt (Purpose): Media Purchase
Mailing Address 698 Corporate Center Court Suite D		
City State	Zip Code	
Westminster	MD 21157-3051	

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2810</b>	
<input type="text" value="2910"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="2910"/>	<input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>C.R. Fletcher Associates, Inc.</b>		Nature of Debt (Purpose): Staffing Service
Mailing Address 126 N Salina Street Suite 107		
City	State	Zip Code
Syracuse	NY	13202-1062

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2803</b>	
<input type="text" value="22034.59"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="22034.59"/>	<input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Katko for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Huckaby Davis Lisker</b>		Nature of Debt (Purpose): Compliance Consulting
Mailing Address 228 S Washington Street Suite 115		
City State	Zip Code	
Alexandria VA	22314-5404	

Outstanding Balance Beginning This Period <input type="text" value="4136.05"/>	<b>Transaction ID : SD10-DEBT2802</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="4136.05"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Landmark Graphics</b>		Nature of Debt (Purpose): Printing
Mailing Address 508 Mitchell Avenue		
City State	Zip Code	
Syracuse NY	13208-1431	

Outstanding Balance Beginning This Period <input type="text" value="880.25"/>	<b>Transaction ID : SD10-DEBT2800</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="880.25"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Public Opinion Strategies</b>		Nature of Debt (Purpose): Polling/Research
Mailing Address 214 N Fayette Street		
City State	Zip Code	
Alexandria VA	22314-2433	

Outstanding Balance Beginning This Period <input type="text" value="14250"/>	<b>Transaction ID : SD10-DEBT2806</b>	
Amount Incurred This Period <input type="text" value="0"/>	Payment This Period <input type="text" value="14250"/>	Outstanding Balance at Close of This Period <input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

**Katko for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>W.B. Mason</b>		Nature of Debt (Purpose): Office Supplies
Mailing Address 59 Center Street		
City	State	Zip Code
Brockton	MA	02301-4075

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2811</b>	
<input type="text" value="140.69"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="140.69"/>	<input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>KAP Strategies</b>		Nature of Debt (Purpose): Strategic Consulting
Mailing Address 100 Fillmore Street Floor 5		
City	State	Zip Code
Denver	CO	80206-4916

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2805</b>	
<input type="text" value="2172.68"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="2172.68"/>	<input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Townsend Group</b>		Nature of Debt (Purpose): Fundraising Consulting
Mailing Address 1006 Pendleton Street		
City	State	Zip Code
Alexandria	VA	22314-1837

Outstanding Balance Beginning This Period	<b>Transaction ID : SD10-DEBT2807</b>	
<input type="text" value="3866.66"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="0"/>	<input type="text" value="3866.66"/>	<input type="text" value="0"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input type="text" value="6612.15"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text" value="20000.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="26612.15"/>