

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

Katko for Congress

ADDRESS (number and street)

PO Box 133

(Check if address is changed)

Camillus

NY

13031-0133

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

jrkatko@gmail.com

Optional Second E-Mail Address

oconnort@usa.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

johnkatkoforcongress.com

2. DATE

MM / DD / YYYY
03 / 31 / 2015

3. FEC IDENTIFICATION NUMBER ▶

C C00556365

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 Thomas J. OConnor

Signature of Treasurer

Thomas J. OConnor

[Electronically Filed]

Date

MM / DD / YYYY
04 / 14 / 2015

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 John M Katko

Candidate Party Affiliation REP Office Sought: House Senate President State NY District 24

- (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.)

Joint Fundraising Representative:

- (g) 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.
- (h) 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. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Katko for Congress

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

Patriot Day 1 2015

Mailing Address

228 S Washington Street

Suite 115

Alexandria

VA

22314-5404

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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.

Full Name Thomas J. OConnor

Mailing Address 129 Feldspar Drive

Syracuse

NY

13219-3401

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 315 - 427 - 8295

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 Thomas J. OConnor

Mailing Address 129 Feldspar Drive

Syracuse

NY

13219-3401

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 315 - 427 - 8295

Full Name of Designated Agent

Robert T. Waters

Mailing Address

2822 E Lake Road

Skaneateles

NY

13152-9027

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

315

671

4386

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.

M&T Bank

Mailing Address

3701 W Genesee Street

Syracuse

NY

13219-1925

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K Street NW

Washington

DC

20006-1152

CITY

STATE

ZIP CODE