

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) 5407 Anvil Drive

(Check if address is changed)

Camillus NY 13031-8646
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 01 / 31 / 2014

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 12 / 17 / 2014

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.

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

Young Guns Day 3 2014

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
 CITY STATE ZIP CODE
 Title or Position
 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
 CITY STATE ZIP CODE
 Title or Position
 Treasurer 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