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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

CITY ▲

NY

STATE ▲

13031

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

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 O'CONNOR

Signature of Treasurer

Date

01 / 31 / 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.

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)

14031180577

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 _____

14031180578

Write or Type Committee Name

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

NONE

Mailing Address

[Empty address fields]

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 O'CONNOR

Mailing Address

129 FELDSPAR DRIVE

SYRACUSE

NY

13219

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 O'CONNOR

Mailing Address

129 FELDSPAR DRIVE

SYRACUSE

NY

13219

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

315-427-8295

14031180579

Full Name of Designated Agent

ROBERT, WATERS

Mailing Address

2822 EAST LAKE ROAD

SKANEATELES NY 13152

CITY STATE ZIP CODE

Title or Position

ADVISOR

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 WEST GENESEE STREET

SYRACUSE NY

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

14031180580

14031180581

PRESS FIRMLY TO SEAL

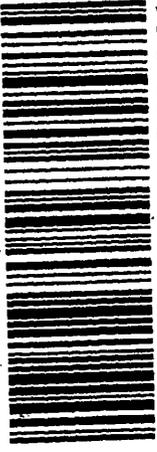
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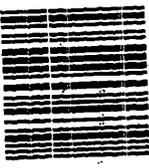
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CAMDEN, N.Y.
13031

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Federal Election Commission
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Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

JR

PREPARER
(8/2013)

2/5/2014

DATE PREPARED

14031180582