STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Friends of Matt Doheny Inc. 215 Washington Street ADDRESS (number and street) (Check if address is changed) Watertown 13601 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mattdoheny2014@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2014 C00560797 FEC IDENTIFICATION NUMBER > 3. X 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. Jeffrey Kirkby Type or Print Name of Treasurer Jeffrey Kirkby [Electronically Filed] 06 06 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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—		OMMITTEE • Committee:		
(a)	X	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. (Compinformation below.)	olete the candidate	
Name of Candida		MATTHEW A. DOHENY		
Candida Party A		on REP Office Sought: X House Senate President	State NY District 21	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candida				
Party	Com	nmittee: (National, State	Democratic,	
(d)			Republican, etc.) Party.	
Politic	cal A	ction Committee (PAC):		
(e)	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co			
		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 secommittee. (i.e., nonconnected committee)	gregated fund or party	
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
Joint F	Fund	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political	
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political	
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.			
	4			

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Write or Type Committee Nam	ne	
Friends of Matt	Doheny Inc.	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
REPUBLICAN NATIC	NAL COMMITTEE	
Mailing Address	310 FIRST STREET SE	
	WASHINGTON DC	20003
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization X Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the personal	son in possession of committee
Jeffrey Ki	irkby	1
Full Name Mailing Address	c/o Friends of Matt Doheny Inc.	
J	215 Washington Street	
	Watertown	13601
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	5 405 8211
Treasurer: List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Jeffrey Ki	rkby	
Mailing Address	c/o Friends of Matt Doheny Inc.	
	215 Washington Street	
	Watertown	13601
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	5 405 8211

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Full Name of Designated Agent	<u> </u>	<u> </u>				
Mailing Address						
	CITY STATE	ZIP CODE				
Title or Position						
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. Key Bank						
Mailing Address	200 Washington Street					
	Watertown NY 13601					
	CITY STATE	ZIP CODE				
Name of Bank,	Depository, etc.					
Mailing Address						