STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) □ (Check if name is changed) Example: If typing, type over the lines.

JOHN PATRICK KEHOE

ADDRESS (number and street) □ (Check if address is changed)

209 BRUNSWICK ST

ROCHESTER ▲

CITY ▲

NY ▲

STATE ▲

14607-3008 ▲

ZIP CODE ▲

COMMITTEE’S E-MAIL ADDRESS

□ (Check if address is changed)

campaign@kehoeforcongress2016.com

Optional Second E-Mail Address

johnpatrickkehoe@gmail.com

COMMITTEE’S WEB PAGE ADDRESS (URL)

□ (Check if address is changed)

http://www.kehoeforcongress.com/

2. DATE ▲ 07 ▲ 01 ▲ 2015

3. FEC IDENTIFICATION NUMBER ▲ C ▲ C00580431

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 ▲ MR. JOHN PATRICK KEHOE

Signature of Treasurer ▲ MR. JOHN PATRICK KEHOE ▲ [Electronically Filed] ▲ Date ▲ 07 ▲ 01 ▲ 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.
5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate: Mr. JOHN PATRICK KEHOE

Candidate Party Affiliation: DEM

Office Sought: [X] House  [ ] Senate  [ ] President

State: NY  District: 19

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

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 disburse 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 disburse 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 |
JOHN PATRICK KEHOE

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

NONE

[ ] 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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>MR. JOHN PATRICK KEHOE</td>
<td>209 BRUNSWICK ST</td>
</tr>
</tbody>
</table>

ROCHESTER  NY  14607-3008

<table>
<thead>
<tr>
<th>Title or Position</th>
<th>Telephone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treasurer</td>
<td>585 - 313 - 1594</td>
</tr>
</tbody>
</table>

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).

<table>
<thead>
<tr>
<th>Full Name of Treasurer</th>
<th>Mailing Address</th>
</tr>
</thead>
<tbody>
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<td>585 - 313 - 1594</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Name of Bank, Depository, etc.</th>
<th>Mailing Address</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHARLES SCHWAB BANK</td>
<td>5190 NEIL ROAD SUITE 300</td>
<td>RENO</td>
<td>NV</td>
<td>89502-0000</td>
</tr>
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<td></td>
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</tbody>
</table>
Thank you so much, FEC, for your support in filing Form 1 for my Congressional candidacy.

Form/Schedule: F1N
Transaction ID:

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION