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STATEMENT OF **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. Catholics Count - Federal 3 Bellflower Road ADDRESS (number and street) (Check if address is changed) **Ballston Spa** 12020-4432 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS DDocherty57@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00572313 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. Deborah A. Docherty Type or Print Name of Treasurer Deborah A. Docherty [Electronically Filed] 03 17 2015 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

	EEC <b>F</b> -	1 (Paying 02/2000)	Page 2			
		om 1 (Revised 02/2009) OMMITTEE	Page <b>2</b>			
		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.)				
Nam Cand	e of didate					
	didate / Affiliati	on Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:	(Damas anatis			
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Na	ame	
Catholics Cou	ınt - Federal	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
None		
1		<del>                                     </del>
Mailing Address		
Mailing Address		1 1 1 1 1 1 1
	CITY STATE	ZIP CODE
- · · · · · · · · · · · · · · · · · · ·	D D	
Relationship: Conne	ected Organization	Leadership PAC Sponsor
Custodian of Dogarda	Libertife the season address (above number applicable) and position of the porcen in	
books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
	ah A. Docherty	
Full Name	3 Bellflower Road	
Mailing Address		
	Ballston Spa , NY , 1202	0-4432
	Ballston Spa	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 518 –	899 - 6731
3. <b>Treasurer:</b> List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	name and address of
Full Name Debora of Treasurer	ah A. Docherty	
Mailing Address	3 Bellflower Road	
	Ballston Spa NY 12026	0-4432
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 518 -	899 - 6731

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Full Name of Designated Agent	Patricia Mangino					
Mailing Address	P.O. Box 174					
	Ballston Spa NY 12020-44 CITY STATE Z	32 				
Title or Position Assistant Treas	urer 518 8	85 - 5301				
<ol> <li>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.</li> <li>Name of Bank, Depository, etc.</li> </ol>						
	Key Bank NA					
Mailing Address						
	Clifton Park NY 12065					
	CITY STATE 2	ZIP CODE				
Name of Bank, I	Depository, etc.					
		1				
Mailing Address						
Mailing Address						
Mailing Address						