| Image# 109 | 930480535 |
|------------|-----------|
|------------|-----------|

| FEC FORM 1 | STATEMENT OF ORGANIZATION (See instructions) | Office use only |
|---------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. NAME OF COMMITTEE (in t | full) (Check if name Example: If typying, type over the lines | 12FE4M5 |
| Arcuri for Con | gress | |
| ADDRESS (number and s | P.O. Box 8508 | |
| (Check if address is changed) | Utica | NY |
| | CITY | STATE ZIP CODE |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-mail address) | |
| (Check if address X is changed) | mikearcuri2010@gmail.com | |
| X is changed) | | |
| COMMITTEE'S WEB (Check if address is changed) | | |
| DATE M M M 0 4 FEC IDENTIFICA | 09 2010 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR AMENDED (A) | |
| I certify that I have examin Type or Print Name of Signature of Treasurer | Electronically Eiled by Vincont Gilroy | d complete Date 04 / 09 / Y Y Y Y 2010 |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED V | |
| Office Use Only | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | |

Image# 10930480536

| FEC | Form 1 (Revised 02/2009) | Page 2 |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 5. TYPE OF | COMMITTEE (Check One) | |
| Candidat | e 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 information below.) | ne candidate |
| Name of Candidate | Michael A. Arcuri | |
| Candidate Party Affi | | State NY District 24 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | • | |
| Party Co | | |
| (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 | d organization is a: |
| | Corporation Corporation w/o Capital Stock La | oor Organization |
| | Membership Organization Trade Association Co | ooperative |
| | 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 committee. (i.e., nonconnected committee) | 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.) | |
| loint Eun | draising Representative: | |
| _ | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate. | more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | r more political |
| C | ommittees Participating in Joint Fundraiser | |
| | 1 FEC ID number C | |
| | 2 FEC ID number C | |
| | 3 FEC ID number | |
| | 4. FEC ID number | |

| FEC Form 1 (Revise | d 02/2009) | | Page 3 |
|--------------------------------------|------------------------------------------------|----------------------------------|-----------------------|
| Vrite or Type Committee Nam | le | | |
| Arcuri for Congress | | | |
| Name of Any Connected | Organization, Affiliated Committee, Joint Fund | Iraising Representative, or Lead | ership PAC Sponsor |
| Jarid Polis Victory Co | mmittee | | |
| | | | |
| Mailing Address | PO Box 1174 | | |
| | | | |
| | Springfield | | 22151 |
| | СІТҮ | STATE 🛦 | ZIP CODE 🔺 |
| Relationship: Connected Organizat | ion Affiliated Committee X Join | t Fundraising Representative | Leadership PAC Sponso |
| | Identify by name, address, (phone number | optional), and position of t | he person in |
| • | tee books and records. cent Gilroy | | |
| Mailing Address | P. O. Box 8508 | | |
| | Utica | NY | 13505 _ |
| Title or Position ▼ | CITY 🛦 | STATE | |
| | rer & Custodia | Telephone number | |

| Full Name of Treasurer | /incent Gilroy | | |
|------------------------|----------------|------------------|-------------------------|
| Mailing Address | P. O. Box 8508 | | |
| | Utica | NY | 13505 |
| Title or Position ♥ | СІТҮ 🛦 | STAT | EA ZIP CODE A |
| Trea | asurer | Telephone number | <u>315 _ 768 _ 6635</u> |

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|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---|
| Full Name of Designated Agent | | | |
| Mailing Address | | | _ |
| | | | |
| Title or Position ▼ | CITY A | STATE A ZIP CODE A | |
| | Τι | elephone number | |
| Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository | aintains funds. | e committee deposits funds, holds accounts, rents | |
| safety deposit boxes or ma Name of Bank, Depository | aintains funds. | e committee deposits funds, holds accounts, rents | |
| safety deposit boxes or ma Name of Bank, Depository | aintains funds. /, etc. | | |
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| safety deposit boxes or ma Name of Bank, Depository | aintains funds. , etc. irondack Bank 185 Genesee Street 185 Litica | | |
| safety deposit boxes or ma Name of Bank, Depository | aintains funds. , etc. irondack Bank 185 Genesee Street Utica CITY A | | |
| safety deposit boxes or ma Name of Bank, Depository Adi Mailing Address | aintains funds. , etc. irondack Bank 185 Genesee Street Utica CITY A | | |
| safety deposit boxes or ma Name of Bank, Depository Adi Mailing Address | aintains funds. <i>i</i> , etc. irondack Bank 185 Genesee Street ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ | | |
| safety deposit boxes or ma Name of Bank, Depository Adi Mailing Address Name of Bank, Depository | aintains funds. <i>i</i> , etc. irondack Bank 185 Genesee Street ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ | | |
| safety deposit boxes or ma Name of Bank, Depository Adi Mailing Address Name of Bank, Depository | aintains funds. <i>i</i> , etc. irondack Bank 185 Genesee Street ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ | | |