

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Sweeney for Congress, Inc

ADDRESS (number and street)

Post Office Box 1465

(Check if address is changed)

Clifton Park

NY

12065

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

eanfinson@fecfinancial.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

703-430-6623

2. DATE

MM / DD / YYYY
03 / 05 / 2007

3. FEC IDENTIFICATION NUMBER

C C00337428

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

John E. Sweeney

Signature of Treasurer

Electronically Filed by John E. Sweeney

Date

MM / DD / YYYY
03 / 05 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 E. Sweeney**

Candidate Party Affiliation **REP** Office Sought: House Senate President State **NY** District **20**

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

Name of Candidate

- (d) This committee is a (National, State (or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Name of Connected Organization or Affiliated Committee

Mailing Address

Address Line 1

Address Line 2

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Sweeney for Congress, Inc

- 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 **T. Edward Anfinson**

Mailing Address **PO Box 651374**

Potomac Falls VA 20165

Title or Position **CITY STATE ZIP CODE**

Telephone number 703 430 6635

- 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 **John E. Sweeney**

Mailing Address **PO Box 651374**

Potomac Falls VA 20165

Title or Position **CITY STATE ZIP CODE**

Treasurer Telephone number 703 707 6259

Full Name of Designated Agent **T. Edward Anfinson**

Mailing Address **PO Box 651374**

Potomac Falls VA 20165

Title or Position **CITY STATE ZIP CODE**

Telephone number 703 430 6635

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.

TrustCo Bank

Mailing Address

320 State St.

Schenectady

NY

12305

CITY ▲

STATE ▲

ZIP CODE ▲