FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Cameron Kasky for New York 1632 1st Avenue #101 ADDRESS (number and street) (Check if address is changed) New York 10028 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address campaignfinancefiling@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2025 C00924886 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. Type or Print Name of Treasurer Bartos, John,, Date 10 28 2025 Signature of Treasurer Bartos, John, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

Local 202-694-1100

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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. (Complet information below.)	te the candidate			
Name of Candidate Kasky, Cameron, , ,				
Candidate Party Affiliation DEM Office Sought: House Senate President	State NY District 12			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Biotilot 12			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the Republication	cratic, ican, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is a:			
Corporation Corporation w/o Capital Stock Lab	or Organization			
Membership Organization Trade Association Cod	pperative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybri	id PAC).			
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
This committee collects contributions, pays fundraising expenses and disburses 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 C				

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٧	Vrite or Type Committee Name				
<u> </u>	Cameron Kasky Name of Any Connected O	rganization, Affiliated Committee, Jo	oint Fundraising Repr	esentative, or Leade	ership PAC Sponsor
	NONE				
	Mailing Address				
		CITY 🛦		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number	optional) and position o	of the person in posse	ssion of committee
	Bartos, Joh	nn, , ,			
	Full Name	1632 1st Avenue #101			
	Mailing Address	1002 Tot Avenue # 101			
		New York		NY 10028	3
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer			ı 646 ı ı	598 ₁ 4796
	rreasurer		Telephone nun	nber 040 -	390 - 4790
3.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the	committee; and the	name and address of
	Full Name Bartos, Joh	nn, , ,			1
		1632 1st Avenue #101			
	Mailing Address				
		New York		NV 4000	
		INEW TOIK		NY 10028	5
	Title or Position —	CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼ Treasurer	1		ı 646 ı ı	. 598 i i 4796 i
			Telephone nun	nber	

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Full Name of Designated Agent						
Mailing Address						
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲				
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.						
Mailing Address	TD Bank					
Maining Address						
	New York					
	CITY ▲ STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.						
Mailing Address						
	CITY ▲ STATE ▲	ZIP CODE ▲				