

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM
2001 JUL -3 A 10:25

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FB4M5

IDT Corp. PAC ("IDT PAC")

ADDRESS (number and street)

520 Broad Street

(Check if address
is changed)

Newark

NJ

07102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

06 / 26 / 2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

James A. Courter

Signature of Treasurer

Date

06 / 26 / 2001

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9690
Local 202-884-1100

FEC FORM 1
(Revised 1/01)

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 _____

Candidate Party Affiliation Office Sought House Senate President State District

- (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

IDT Corporation _____

Mailing Address 520 Broad Street _____

Newark NJ 07102 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected _____

Type of Connected Organization:

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

Write or Type Committee Name

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 Michael S. Glassner

Mailing Address 520 Broad Street

Newark, NJ 07102

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 973-438-3694

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 James A. Courter

Mailing Address 520 Broad Street

Newark, NJ 07102

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 973-438-4300

Full Name of Designated Agent Michael S. Glassner

Mailing Address

520 Broad Street

Newark, NJ 07102

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 973-438-3694

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.

First Union Bank

Mailing Address

550 Broad Street

Newark NJ 07102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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