# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEC MAIL ROOM
2000 DEC 12 A 11: 52

| | |
|---|---|
| 1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)<br>Recreational Fishing Alliance, Inc. PAC (RFA PAC) | 2. DATE<br>12/1/00 |
| (b) Number and Street Address ☐ (Check if address is changed)<br>PO Box 3080 Rt 9 on the Bass River | 3. FEC Identification Number |
| (c) City, State and ZIP Code<br>New Gretna, NJ 08224 | 4. Is This Report An Amendment? ☐ YES ☒ NO |

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 | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Recreational Fishing Alliance, Inc. | PO Box 3080<br>Rt 9 on the Bass River<br>New Gretna, NJ 08224 | Connected |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☒ Membership Organization ☐ Trade Association ☐ Cooperative

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 | Mailing Address | Title or Position |
|---|---|---|
| Treasurer | | |

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 | Mailing Address | Title or Position |
|---|---|---|
| Stacey Schneller | 609-294-3315<br>PO Box 3080<br>New Gretna, NJ 08224 | Accounting Coordinator |
| Jennifer Humphreys | | Asst. Accounting Coordinator |

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. | Mailing Address and ZIP Code |
|---|---|
| Summit Bank | 100 Mathistown Road<br>Little Egg Harbor, NJ 08087 |

*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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| Stacey A. Schneller | Stacey Schneller | 12/1/00 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FE9AN114PDF

**FEC FORM 1**
(revised 4/87)

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.

| | | |
|---|---|---|
| ☐ | Hand Delivered | Date of Receipt |
| ☒ | First Class Mail | POSTMARKED 12/8/00 |
| ☐ | Registered/Certified Mail | POSTMARKED (R/C) |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House office of Records and Registration | Date of Receipt |
| ☐ | Received from the Senate Office of Public Records | Date of Receipt |
| ☐ | Other ( Specify): | Postmarked _____ and/or Date of Receipt |
| ☐ | Electronic Filing | |

PRM — PREPARER

12/12/00 — DATE PREPARED

(6/2000)