

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2014 MAY 21 AM 11:21

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5 FEC MAIL CENTER

CLAIRE H GUSTAFSON

ADDRESS (number and street)

PO BOX 115

(Check if address is changed)

COLLINGSWOOD

CITY ▲

NJ

STATE ▲

08108-1

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

KUSH.STEVEN@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.ELECTCLAIRE.COM

2. DATE

05 / 20 / 2014

3. FEC IDENTIFICATION NUMBER ▶

C

APPLYING FOR

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

LEONARD C SCHAFER, JR

Signature of Treasurer

Leonard C Schafers, Jr

Date

05 / 20 / 2014

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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031241074

5. TYPE OF COMMITTEE

Candidate 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 candidate information below.)

Name of Candidate CLAIRE H. GUSTAFSON

Candidate Party Affiliation REP Office Sought:  House  Senate  President State NJ District 01

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.  
 Name of Candidate [REDACTED] CHG N/A

Party Committee:

(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 organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - 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 fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  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.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

CLAIRE H GUSTAFSON FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

LEONARD C SCHAFER JR

Mailing Address

231 E MADISON AVE  
COLLINGSWOOD NJ 08108

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 856-858-7100

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

LEONARD C SCHAFER JR

Mailing Address

231 E MADISON AVE  
COLLINGSWOOD NJ 08108

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 856-858-7100

14031241076

Full Name of Designated Agent

LEONARD, C SCHAFER JR

Mailing Address

231 E MADISON AVE

COLLINGSWOOD

CITY

NJ

STATE

08108

ZIP CODE

Title or Position

TREASURER

Telephone number

856-858-7100

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.

1ST COLONIAL COMMUNITY BANK

Mailing Address

1040 HADDON AVE

COLLINGSWOOD

CITY

NJ

STATE

08108

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031241077

14031241078

**VERY URGENT**

Please Rush To Addressee

U.S. POSTAGE  
PAID  
COLLINGSWOOD, NJ  
08108  
MAY 20, 2014  
AMOUNT  
**\$16.95**  
00037710-12



1007

2014 MAY 21 AM 11:21  
FEC MAIL CENTER



EP-13C



EK208413051US

**PRIORITY  
★ MAIL ★  
EXPRESS™**



**CUSTOMER USE ONLY**  
FROM: (PLEASE PRINT)  
CLAUDE H. GASTONSON  
PO BOX 115  
COLLINGSWOOD NJ 08108  
PHONE 609 332 7557

PAYMENT BY ACCOUNT (if applicable)

**DELIVERY OPTIONS (Customer Use Only)**

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)

TO: (PLEASE PRINT)  
FEDERAL ELECTION COMMISSION  
999 E St. NW  
WASHINGTON, DC 20463  
PHONE ( )  
ZIP + 4 (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit [USPS.com](http://USPS.com) or call 800-222-1811.
- \$100.00 insurance included.

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	Date Accepted (MM/DD/YY)	Delivery Attempt (MM/DD/YY) Time
PO ZIP Code	Scheduled Delivery Date (MM/DD/YY)	Time Accepted (AM/PM)	Delivery Attempt (MM/DD/YY) Time
Postage \$	Scheduled Delivery Time	Weight lbs. ozs.	Delivery Attempt (MM/DD/YY) Time
Insurance Fee \$	10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/>	Flat Rate <input type="checkbox"/> Priority <input type="checkbox"/>	Employee Signature
Return Receipt Fee \$	10:30 AM Delivery Fee \$	Accepted by Employee Initials	Employee Signature
Live Animal Transportation Fee \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees \$	
		16.95	

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JANUARY 2014

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

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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5/20/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*ASD*  
 PREPARER  
 (8/2013)

5/20/14  
 DATE PREPARED

14031241079