FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		RGANIZA		N				
		(See instructions	s)			Office u	se only	
1. NAME OF COMMITTEE (ii	n full)	(Check if name is changed)	Exan over	nple: If typying, type the lines	12FE4I	<b>V</b> 15		
Committee T	o Reelect Congres	sşman Chris Smi	th <sub></sub>					
						ш		шШ
ADDRESS (number an	d street)	Box 3184						لبيا
(Check if add is changed)	dress Ham	ilton			NJ NJ		08619 <sub>  -</sub>	
			CITY		STATE		ZIP CODE .	•
COMMITTEE'S E-MA	AIL ADDRESS							
								шЦ.
								шЩ
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)						
								шШ
								шШ
COMMITTEE'S FAX	NUMBER							
با لبنا		J						
2. DATE 0	M / D D / Y	2008						
3. FEC IDENTIFIC	ATION NUMBER	C	C00	096412				
4. IS THIS STATE	MENT X NEW	/ (N) OR		AMENDED (A)				
I certify that I have exar	nined this Statement and	to the best of my know	rledge and	d belief it is true, correct	and complete			
	,	Constance Carey						
Type or Print Name of	f Treasurer	constance Carey						
Signature of Treasure	er Electronically File	d by <b>Constance</b>	Carey		Date	<b>0 1</b> / D	10 / Y	2008
NOTE: Submission of t	alse, erroneous, or incon			ne person signing this St			U.S.C. S437g.	
Office Use Only				For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission		EC FORM Revised 02/200	

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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 car information below.)	ndidate
	Name of Christopher H. Smith Candidate	
	Party Affiliation REP Sought: X House Senate President	State NJ District 04
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, ublican,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 function committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY▲ STATE▲ ZI	P CODE
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	١
	Membership Organization Trade Association Cooperative	

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W	rite	or	Type	Comm	ittee	Name	•
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	Committee To Reelect C	Congressman Chris Smith		
7.	Custodian of Records: Ide possession of Committee	ntify by name, address, (phone num books and records.	ber optional), and position of t	he person in
	Full Name			
	Mailing Address			
	Title or Position ▼	CITY &		ZIP CODE A
			Telephone number	
8.	Treasurer: List the name a name and address of any	and address (phone number option designated agent (e.g., assistant treaters)	nal) of the treasurer of the commasurer).	ittee; and the
	Full Name of Treasurer Consta	nce Carey		
	Mailing Address	21 Devon Court		
		Robbinsville	NJ	08691
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasurer		Telephone number 609	448 4755
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ▼	CITY A	STATE A	ZIP CODE A
			Telephone number	

9.

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Banks or Other Depositories safety deposit boxes or maintai Name of Bank, Depository, etc	ins				dl I	baı	nk	S (	or	ot	he	er c	dep	90	sit	tor	ies	s ir	ηv	vh	ch	th	ie i	СО	mr	nit	te	e d	ер	os	sits	fu	ınd	s, ł	nole	ds	ac	COL	unt	s,	rer	nts					
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Name of Bank, Depository, etc	·.											_																					_							_				_			-
Name of Bank, Depository, etc	;. 				L			L																												L	_			_							-
Name of Bank, Depository, etc	:. 												_				1																														_
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safety deposit boxes or ma Name of Bank, Depository,		[ ADDITIONAL ]
Uni	ited Bank	
Mailing Address	4501 Daly Drive	
J		
	Chantilly	VA 22021
	CITY 🛕 STA	TE ZIP CODE A
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL 1
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
Name of Any Connected	d Organization or Affiliated Committee	[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
	d Organization or Affiliated Committee	[ ADDITIONAL ]
		[ ADDITIONAL ]
Mailing Address	CITY A STA	ATE A ZIP CODE A
Mailing Address		ATE A ZIP CODE A
Mailing Address  Relationship	CITY STA	ATE A ZIP CODE A
Mailing Address  Relationship  Type of Connected Organ	CITY ST.	ATE A ZIP CODE A
Name of Any Connected  Mailing Address  Relationship  Type of Connected Organ  Corporation  Membership Org	CITY ST.	ATE A ZIP CODE A

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Designated Agent		[ ADD	ITIONAL ]
Full Name			
maining read coo			
Title or Position ▼	CITY A	STATE <b>≜</b> Z	ZIP CODE A
	Te	elephone number	

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safety deposit boxes or mainta Name of Bank, Depository, etc				[ ADDITIONAL ]
Mailing Address				
		CITY 🛕	STATE <b>△</b>	ZIP CODE A
Name of Any Composted Or	and the second second	ad Committee		
Name of Any Connected Or	ganization or Affiliat	ed Committee		[ ADDITIONAL ]
Name of Any Connected Or	ganization or Affiliate	ed Committee		[ ADDITIONAL ]
Name of Any Connected Or	ganization or Affiliate	ed Committee		[ ADDITIONAL ]
	ganization or Affiliate	ed Committee		[ ADDITIONAL ]
Name of Any Connected Or	ganization or Affiliate	ed Committee		[ ADDITIONAL ]
	ganization or Affiliate	ed Committee		[ ADDITIONAL ]
	rganization or Affiliate	ed Committee		[ ADDITIONAL ]
	ganization or Affiliate	ed Committee	STATE A	[ ADDITIONAL ]
	rganization or Affiliate	CITY &		ZIP CODE A
Mailing Address		CITY.		ZIP CODE A
Mailing Address  Relationship  Type of Connected Organizat		CITYA		ZIP CODE A
Mailing Address  Relationship		CITY.		ZIP CODE A

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Designated Agent		[ ADDITIONAL ]
Full Name		
Title or Position ▼	CITY A	STATE A ZIP CODE A
		elephone number