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2016 APR -7 AM 11:32

April 5, 2016

Partnership Orange
PO BOX 409
Harrison, NJ 07029

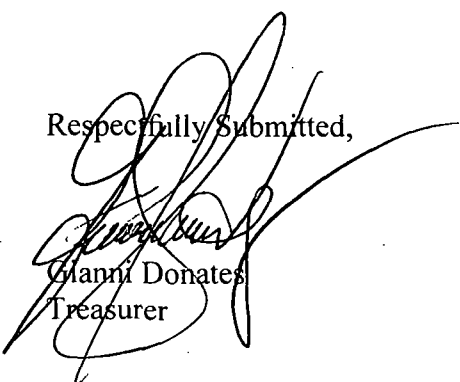
Federal Election Commission
99 E Street NW
Washington, DC 20463

RE: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit's decision in *Spechnow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications to federal candidates or committees.

Respectfully Submitted,


Gianni Donates
Treasurer

4241-60000-UNO-NO-40-40-01-0000-1-1-1

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 APR -7 AM 11:32
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

PARTNERSHIP ORANGE

ADDRESS (number and street)

PO BOX 409

(Check if address is changed)

HARRISON

CITY ▲

NJ

STATE ▲

07029

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ADMIN@COMPLIANCEMETHODS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

04 / 05 / 2016

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

GIANNI DONATES

Signature of Treasurer

Date

04 / 05 / 2016

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)

2016-04-07 09:00:11Z

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 _____

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 _____

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.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

2010-07-07 09:00:11-179

Write or Type Committee Name

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

NONE

Mailing Address

[Address fields]

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

THOMAS MOREIRA

Mailing Address

751 EMERSON AVE

ELIZABETH NJ 07208

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 908-230-4076

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

GIANNI DONATES

Mailing Address

PO BOX 409

HARRISON NJ 07029

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 973-517-8884

201007201000000147

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

BANK OF AMERICA

[Grid for Name of Bank, Depository, etc.]

Mailing Address

500 S FRANK E RODGERS BLVD

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

HARRISON

NJ

07029

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

2010 OCT 07 AM 09:00:14

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409 Harrison, NJ, 07209

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 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 services (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.
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TO: (PLEASE PRINT) PHONE ()

Federal Election Commission, 99 E street NW
WASHINGTON, DC

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Date Accepted (MM/DD/YYYY) 4-6-16
 Scheduled Delivery Time 10:30 AM
 Insurance Fee \$
 COD Fee \$

Time Accepted 10:30 AM
 Delivery Fee \$
 Return Receipt Fee \$
 Live Animal Transportation Fee \$

Weight oz. 22.95
 Flat Rate \$
 Sundry/Holiday Premium Fee \$
 Total Postage & Fees \$

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 Employee Signature

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UNITED STATES

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