

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2012 JUL 16 AM 7:09

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEB 4 5 55 MAIL CENTER

FRIENDS OF ANNE JACOBS MOULTRIE

ADDRESS (number and street)

241 SMITH CLOVE RD

(Check if address
is changed)

HIGHLAND MILLS WY 10930

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

PATBEATAMN@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

ANNE JACOBS MOULTRIE FOR CONGRESS

2. DATE

07 09 2012

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

ANNE JACOBS

Signature of Treasurer

Anne Jacobs

Date

07 09 2012

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 02/2009)

12030843164

Write or Type Committee Name

FRIENDS OF ANNE JACOBS MOULTRIE

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]
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 ANNE JACOBS
Mailing Address 2411 SMITH CLOVE ROAD
HIGHLAND MILLS NY 10930
Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 845-827-6143

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 ANNE JACOBS
Mailing Address 2411 SMITH CLOVE ROAD
HIGHLAND MILLS NY 10930
Title or Position CITY STATE ZIP CODE

CANDIDATE Telephone number 845-827-6143

12030843166

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address]

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.

[Grid for Name of Bank, Depository, etc. - contains "TD BANK"]

Mailing Address

[Grid for Mailing Address - contains "RT 17M"]

[Grid for Mailing Address - contains "MONROE NY 110950"]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

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

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

12030843167

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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

[Handwritten Signature]

PREPARER
(3/2005)

7/16/12

DATE PREPARED

12030843168