FEC

## STATEMENT OF

RECEIVET 2012 NOV 13 PM 12: 22

FORM 1		Olidali			FEC	MAIL CENTER Office Use Only
NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		ample:If typing, type er the lines.	12FE4M5	
NEW HAN	PSHI	RE CONGRE	SSIC	NAL CAUCL	J\$	
ADDRESS (number a	nd street)	P. O. BOX	39871	6		
(Check if a is changed)		MIAMI BEA	ĊH		FL	33239
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide only o				
(Check if		UScongres	siona	Caucuses@g	gmail.co	om
is change	d)					
COMMITTEE'S WEB	PAGE ADI	DRESS (URL)				
Check if	heck if address				111.	
L is change						
2. DATE 11	<sup>™</sup> ′8	° ′ <b>20</b> 12				
3. FEC IDENTIFIC	CATION N	JMBER C	;			
4. IS THIS STATE	MENT X	NEW (N) OI	R [	AMENDED (A)		
I certify that I have	examined th	nis Statement and to the	best of my	knowledge and belief it	is true, correc	t and complete.
Type or Print Name	of Treasure	, JERRY MO	CKEN	DY		
Signature of Treasur	er <u> </u>	Jenny MK	endy_		Date 11	<sup>™</sup> ′ Ö8° ′ Ž0'1Ž `
NOTE: Submission of		•		abject the persontisigning the OULD BE REPORTED WI		the penalties of 2 U.S.C. §437g.
Office Use				For further information co Federal Election Commissio Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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		OMMITTEE	
-	ndidate	Committee:	
(a)	님	This committee is a principal campaign committee. (Complete the candidate information below	N.)
(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
	ne of ididate		
0		Office	State
	didate y Affiliati	Office Sought: House Senate President	
			District
(c)	ne of	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	didate		
Par	rty Con	ımittee:	
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the c	onnected organization is a
	_	Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trode Association	Cooperativo
		In addition, this committee is a Lobbyist/Registrant PAC.	оороши.
<b>/</b> 9		This committee supports/opposes more than one Federal candidate, and is NOT a separate	appropriated fund or porty
<b>(f)</b>	×	committee. (i.e., noncommected committee)	segregated fulla of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
— Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for	
		committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
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	2.	C is mainter C	
	3.	FEC ID number C	
	4.		

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٧	Vrite or Type Committee Name	9	
١	NEW HAMPSHI	RE CONGRESSIONAL CAUCUS	
6.		Organization, Affiliated Committee; Joint Fundralsing Representative, or Lea	dership PAC Sponsor
۱N	<b>JONE</b>		
L			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person i	n possession of committee
	Full Name JERR	Y MCKENDY	
	Mailing Address	P. O. BOX 398716	
		1	
		MIAMI BEACH FL 3	3239
	Title or Position	CITY STATE	ZIP CODE
	CFO.	Telephone number [305]	_ [761,
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	Full Name of Treasurer	Y MCKENDY	
	Mailing Address	P. O. BOX 398716	
		MIAMI BEACH FL 3	3239
	Title or Position	CITY STATE	ZIP CODE
	TREASURER , , ,	Telephone number	_ 761 <sub>   </sub> _ 5546

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Full Name of Designated Agent			
	1		
Mailing Address	[		- <del></del>
	<u> </u>		<del>-1-1-1-1-1-1-1</del>
Title or Position	СПҮ	STATE	ZIP CODE
Inde of Position		Telephone number	
safety deposit b		which the committee deposits t	unos, notos accounts, rents
safety deposit b	oxes or maintains funds.	which the committee deposits	unos, notas accounts, tents
safety deposit b Name of Bank,	oxes or maintains funds.  Depository, etc.	which the committee deposits	unos, notas accounts, tents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	which the committee deposits	unos, notos accounts, tents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc.	which the committee deposits	133139
safety deposit b Name of Bank,	Depository, etc.  CHASE BANK  1801 ALTON ROAD	which the committee deposits to the committe	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  CHASE BANK  1801 ALTON ROAD  MIAMI BEACH  CITY		33139
safety deposit b Name of Bank, Mailing Address	Depository, etc.  CHASE BANK  1801 ALTON ROAD  MIAMI BEACH  CITY		33139
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safety deposit b	Depository, etc.  CHASE BANK  1801 ALTON ROAD  MIAMI BEACH  CITY		33139
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  CHASE BANK  1801 ALTON ROAD  MIAMI BEACH  CITY		33139

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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
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Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Receipt or Postmarked
PY	11/30/2012
PREPARER (3/2005)	DATE PREPARED
·	• •