

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2012 NOV 13 PM 12:22

FEC MAIL CENTER

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

NEW JERSEY CONGRESSIONAL CAUCUS

ADDRESS (number and street)

P. O. BOX 398716

☐

(Check if address  
is changed)

MIAMI BEACH

FL

33239

CITY

STATE

ZIP CODE

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

☐

(Check if address  
is changed)

UScongressionalCaucuses@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE 11 / 8 / 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

JERRY MCKENDY

Signature of Treasurer

*Jerry Mckendy*

Date

11 / 08 / 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)

**Candidate Committee:**

- Name of Candidate

**Office Sought:**

4

☐

## State

District

- Name of
- 
- Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

1

□

1

9

9

7

☒

1

1. \_\_\_\_\_ FEC ID number C

[illegible][illegible][illegible]

Write or Type Committee Name

## NEW JERSEY CONGRESSIONAL CAUCUS

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

JERRY MCKENDY

Mailing Address

P. O. BOX 398716

MIAMI BEACH

FL

33239

Title or Position

CITY

STATE

ZIP CODE

CFO

Telephone number

305

- 761

- 5546

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

JERRY MCKENDY

Mailing Address

P. O. BOX 398716

MIAMI BEACH

FL

33239

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

305

- 761

- 5546

12030961176

Full Name of  
Designated  
Agent

Mailing Address

CITY

STATE

ZIP CODE

Title or Position

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.

CHASE BANK

Mailing Address

1801 ALTON ROAD

MIAMI BEACH

FL

33139

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030961177

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 type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<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

PREPARER  
(3/2005)

PY

11/30/2012

DATE PREPARED

12030961178