RECEIVED

		KEUEIYEU
FEC FORM 1	STATEMENT OF ORGANIZATION	2012 NOV 13 PM 12: 22 FEC MAIL CENTER
<u></u>		Office Use Only
NAME OF     COMMITTEE (in fu	(Check if name Example:If typing, type is changed) over the lines.	12FE4M5
NEW JERSE	EY CONGRESSIONAL CAUCUS	
ADDRESS (number and s	P. O. BOX 398716	
(Check if addre	ess Lilitidades	
is changed)	MIAMI BEACH	, FL, 33239
	CITY	STATE ZIP CODE
COMMITTEES E MAII	ADDRESS (Please assuids only one a spill address)	
COMMITTEES E-MAIL	ADDRESS (Please provide only one e-mail address)  UScongressionalCaucuses	@gmail.com
(Check if add	dress	
L_J is changed)		<del></del>
001111777770		
COMMITTEE'S WEB PA	IGE ADDRESS (UHL)	
(Check if add	dress	<del></del>
is changed)		
2. DATE 11"	′ 8 ° ′ <u>20</u> 12 °	
L. OME		
3. FEC IDENTIFICAT	TION NUMBER C	
4. IS THIS STATEME	NT NEW (N) OR AMENDED (A	)
I certify that I have exa	mined this Statement and to the best of my knowledge and beli	ef it is true correct and complete
Type or Print Name of 3	IERRY MCKENDY	or a disc, correct and complete.
туре от еппи матне от	ii Gagui Ci	
Signature of Treasurer	Jeny McKey	Date 11" ' 08" ' 2012 '
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE	
Office	For further informati	on contact:
Use Only	Federal Election Com Toll Free 800-424-953 Local 202-694-1100	nission FEC FURINI

	FEC I	orm 1 (Revised 02/2009)	Page 2											
•	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 Affilia	tion Office Sought: House Senate President	State											
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District											
	Name of Candidate													
	Party Co	mmittee:												
	(d)	This committee is a 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												
		Corporation Corporation w/o Capital Stock	Labor Organization											
		Membership Organization Trade Association	Cooperativo											
		In addition, this committee is a Lobbyist/Registrant PAC.												
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	segregated fund or party											
		In addition, this committee is a Lobbyist/Reglatrant PAC.												
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)												
	Joint Fu	draising 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)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political											
	Co	nmittees Participating in Joint Fundraiser												
	1.													
	2.													
	3.	FEC ID number C												
	4													

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Write or Type Committee Nam	е			
NEW JERSEY	CONGRESSIONAL (	CAUCUS		
6. 'Name of Any Connected	Organization, Affiliated Committee, Jo	int Fundraising Represen	native, or Leadership P	AC Sponsor
NONE	111111111111			
	1111111111			
Mailing Address			1_1_1_1_1	11111
				  -  , , ,
	СІТУ	ST	ATE ZIP	CODE
Relationship: Connecte	d Organization Affiliated Committee	Joint Fundraising Repr	resentative Leaders	hip PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number	optional) and position of	f the person in possessi	on of committee
JERR	RY MCKENDY			1
Full Name	P. O. BOX 398716	· · · · · · · · · · · · · · · · · · ·	<del>                                      </del>	<del> </del>
Mailing Address				<del></del>
	MIAMI BEACH	<del></del>	L <sub>1</sub> 33239	<del></del>
			55255	J-[
Title or Position	СПҮ	STA	TE ZIP (	CODE
[CFO]		Telephone number	[305] _ [761]	_ [5546
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	of the treasurer of the com	mittee; and the name a	nd address of
Full Name JERF of Treasurer	RY MCKENDY			
Mailing Address	P. O. BOX 398716			لبيبيا
	MIAMI BEACH	F	L 33239	<b>J-</b> L
Title or Position	CITY	STA	TE ZIP (	CODE
TREASURER		Telephone number	305761_	_ 5546

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

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CITY

STATE

ZIP CODE

Federal Election Commi ENVELOPE REPLACEMENT PAGE FOR IN The FEC added this page to the end of this filing t	NCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signate	ure Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Nex	xt Business Day Delivery
Received from House Records & Registration O	Date of Receipt ffice
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PY	11/30/2012
PREPARER (3/2005)	DATE PREPARED
(0.00)	