FEC MAIL CENTER

Garden State Liberty PAC

If registered, FEC ID:

Today's Date:

7/3//12

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

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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 decision in SpeechNow 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,

, Treasurer

12030872176

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	·	ORGANIZA	AIION			RECEIVE Office Use Only	,	
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example: over the	If typing, type lines.	TZFE4M:	MAIL CEN		
Garden	Sitiaitiei	Liberty	PAC			1111		
ADDRESS (number a	nd street) 61	0 C O O K m	I AI AI	ve su	itie A	11111	ليسي	
	address d)							
	LALS	CITY A	rkı		<u>[N J </u> State_▲	0,7,7,1,2 ZIF	CODE A	
COMMITTEE'S E-MA	AIL ADDRESS							
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	Optior I	nal Second E-Mail Add	dress				ı	
	<u> </u>		<u> </u>			1 1 1 1 1		
COMMITTEE'S WEB (Check if a is changed)	address Ga	ridenisitia	1 t e L i	b ₁ e ₁ r ₁ r ₁ r ₁	P ₁ A ₁ C ₁ . 1 C ₁ C	71M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
2. DATE		2012						
3. FEC IDENTIFIC	CATION NUMBER	▶ C						
4. IS THIS STATEM	MENT X NE	W (N) OR		AMENDED (A)				
I certify that I have e	examined this State	ment and to the best	of my knowl	edge and belief	it is true, correc	and complete.		
Type or Print Name	of Treasurer	coff h	L. Ke	lly				
Signature of Treasure	or Acol	Me. kl)		Date D	8 63	1377	
NOTE: Submission of		incomplete information					f 2 U.S.C. §437g.	
Office Use Only			For f Fede Toll F	urther information ral Election Commis Free 800-424-9530 202-694-1100	contact:	FEC F(

	F	EC Foi	m 1 (Revised 02/2009) Page 2				
5. TYPE OF COMMITTEE							
	Can	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 Candi	-					
	Candi Party	date Affiliatio	Office State Senate President District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Part	y Con	ımittee:				
	(d)	This committee is a (National, State or subordinate) committee of the 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)	X	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	Fund	raising 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.				
		Com	mittees Participating in Joint Fundraiser				
		1.					
		2.					
		3.					
		4.	FEC ID number C				

! 	FEC Form 1 (Revised	02/2009)	Page 3
_	Write or Type Committee Name	•	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
i			
	Mailing Address		
		CITY STATE	ZIP CODE
	Relationship: Connected	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	on in possession of committee
	Full Name	L ₁₊₁ M Klelly y	
	Mailing Address	135 Brighton Ava	
		Long: Brainch MJ	0,7,7,4,0 -
	Title or Position	CITY STATE	ZIP CODE
	Tileasialier	Telephone number 7.3	2-1870-1818
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; an assistant treasurer).	d the name and address of
	Full Name of Treasurer	t, t, , M, , K, e, 1, 1, y, , , , , , , , , , , , , , , ,	
	Mailing Address	11.3.5. Buringia + lova Airie	
		Long Branch N.J	0,7,7,40]-
	Title or Position	CITY STATE	ZIP CODE
		Telephone number 7 13 1	2-8-7-0-1-8-18

Full Name of Designated Agent	Enline 15,4,0, Galifia li				
Mailing Address	6110 COOK MAIN Ave Sui	He A			
	A SIBIGIO Y PAINE	STATE	ZIP CODE .		
Title or Position		1.4	1.16 4.11.14.6		
Chaire	Λι ^α ιΛιιιιιι Telephone nu	ımber 7 î	312 - 510141-14151 ag		
-					
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.					
	T.D. Biainki				
Mailing Address	1.011 Partier Bid				
		1 1 1 1			
	Weisit Liolng Birginicin	$N_1 \mathcal{I}$	0,7,7,6,4-		
	CITY -	STATE	ZIP CODE		
Name of Bank,	Depository, etc.	·			
	· 1		ı		
Mailing Address					
		1 1 1 1			
	CITY	STATE	ZIP CODE		

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered **Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED