02/25/2002 22 : 13

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Jerrys Political Action Committee (Jerrys PAC)

ADDRESS (Number and street)

18 East 16th Street

(Check if address is changed)

New York NY 10003

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 18 2002

3. FEC IDENTIFICATION NUMBER C00363317

4. IS THIS STATEMENT X 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 Ira N. Brophy

Signature of Treasurer Electronically Filed by Ira N. Brophy Date 02 18 2002

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 202-694-110

FEC FROM 1
(Revised 1/2001)

5. TYPE OF COMMITTEE (Check One)

(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 Affiliation

Office Sought: House Senate President

State District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

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

(e) This committee is a separate segregated fund

(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Nadler for Congress

Mailing Address 18 East 16th Street

Suite 401

New York NY 10003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Jerrys Political Action Committee (Jerrys PAC)

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 **Robert M. Gottheim**

Mailing Address **18 East 16th Street**

Suite 401

New York **NY** **10003** –

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Counsel

Telephone number ____ – ____ – ____

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 **Ira N. Brophy**

Mailing Address **18 East 16th Street**

Suite 401

New York **NY** **10003** –

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Treasurer

Telephone number ____ – ____ – ____

Full Name of Designated Agent

Mailing Address

____ ____ ____ – ____

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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.

Amalgamted Bank of New York

Mailing Address

11-15 Union Square

New York | NY | 10003 –

CITY △ STATE △ ZIP CODE △

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. **[ADDITIONAL]**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Jerrys Political Action Committee (Jerrys PAC)

Mailing Address 16 East 16th Street

Suite 401

New York NY 10003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____