CITIZENS FOR PROGRESSIVE REPRESENTATION

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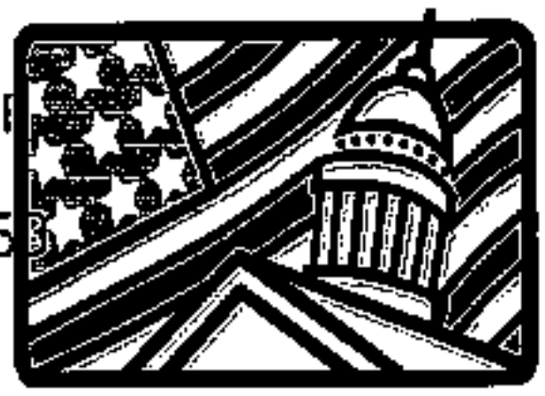

Breathing New Life Into Our Government

August 1, 2005

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

RE: Statement of Organization
FEC Form 1

Dear Sir/Madam:

Enclosed please find the original and one (1) copy of our Statement of Organization. If convenient, kindly return a "filed" copy to me in the self-addressed stamped envelope provided.

Thank you for your attention and cooperation in this matter.

Yours truly,

Janet L. Fayter
Chairperson, Treasurer

www.cpr4nj.org
email: info@cpr4nj.org

Post Office Box 199
Northfield, N.J. 08255-0199

25038812665

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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

CITIZENS FOR PROGRESSIVE REPRESENTATION PAC

A/K/A CPRpac

ADDRESS (number and street) ▼ PO BOX 199

(Check if address is changed)

NORTHFIELD | NJ | 08255-0199

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

BOARD@CPRHNJ.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

http//:www.cpr4nj.org

COMMITTEE'S FAX NUMBER

___-___-___

2. DATE

3. FEC IDENTIFICATION NUMBER ▶ C

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 Janet L. Fayter

Signature of Treasurer Date 07 28 2005

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 02/2003)

FE3AN042.PDF

25038812267

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) ☒ 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**

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

CITIZENS FOR PROGRESSIVE REPRESENTATION - 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: JANET L. FAYTER

Mailing Address: 304 MAXWELL CT.

EGG HARBOR TWP | NJ | 08234 - 0631

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

CHAIRPERSON

Telephone number: 609 - 407 - 7694

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: JANET L. FAYTER

Mailing Address: 304 MAXWELL CT.

EGG HARBOR TWP | NJ | 08234 - 0631

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

TREASURER

Telephone number: 609 - 407 - 7694

Full Name of Designated Agent: JANE McCARTHY

Mailing Address: 135 HAVEN AVE.

OCEAN CITY | NJ | 08226 - 4232

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

ASSISTANT TREASURER

Telephone number: 609 - 548 - 1225

25030041269

8. **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.

SUN NATIONAL BANK

Mailing Address 331 TILTON RD

NORTHFIELD NJ 08225-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

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.

☐ Hand Delivered	Date of Receipt
☑ USPS First Class Mail	Postmarked 8/2/05
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery ☐	
☐ 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):	Date of Receipt or Postmarked
PREPARER	8/9/05 DATE PREPARED

(3/2005)