03/23/2005 15 : 15

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

New Jersey First

ADDRESS (number and street)

Riverfront Plaza Station

(Check if address is changed)

PO Box 200597

Newark | NJ | 07102 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 01 2003

3. **FEC IDENTIFICATION NUMBER** C C00391458

4. IS THIS STATEMENT NEW (N) OR X 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 Vincent Rigolosi

Signature of Treasurer Electronically Filed by Vincent Rigolosi Date 03 23 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)

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

Lautenberg 20 Years Committee

Mailing Address Gateway One, 23rd Floor

Newark NJ 07102 -

CITY STATE ZIP CODE

Relationship Jt Fundraising Repre

Type of Connected Organization:

Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association X Cooperative

Write or Type Committee Name

New Jersey First

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: Peter D. Nichols

Mailing Address: Riverfront Plaza Station
PO Box 200597

CITY ▲	STATE ▲	ZIP CODE ▲
Newark	NJ	07102 –

Title or Position ▼	Telephone number
CFO	973 – 639 – 9700

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: Vincent Rigolosi

Mailing Address: Riverfront Plaza Station
PO Box 200597

CITY ▲	STATE ▲	ZIP CODE ▲
Newark	NJ	07102 –

Title or Position ▼	Telephone number
Treasurer	973 – 639 – 9700

Full Name of Designated Agent: Peter D. Nichols

Mailing Address: Riverfront Plaza Station
PO Box 200597

CITY ▲	STATE ▲	ZIP CODE ▲
Newark	NJ	07102 –

Title or Position ▼	Telephone number
CFO	973 – 639 – 9700

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.

Commerce Bank

Mailing Address 1701 Route 70 East

Cherry Hill NJ 08034 - 5400

CITY STATE ZIP CODE