2/27/2014

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2014 MAR 10 AM 11:37

FEC MAIL CENTER

Edward S. Wheaton Millville Regular Republican Organization 712 Glenside Rd. Millville, NJ 08332

Federal Election Commission 999 E Street NW Washington, DC 20463

To Whom It May Concern,

Enclosed is the amended FEC Form 1.

Sincerely,

Edward S. Wheaton

Treasurer

Millville Regular Republican Organization

## FEC FORM

## STATEMENT OF ORGANIZATION

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2014 MAR 10 AM 11: 37

FORM 1	ORGAN	IZATION	E .	EGOMAN, CENTER			
1. NAME OF COMMITTEE (in	full) (Check if name is changed)	e Example:If typing, typ over the lines.					
MILLVILLE REGULAR REPUBLICAN ORGANIZATION A NJ NONPROFIT CORPORATION							
ADDRESS (number and	712 GLENS	SIDE RD.					
(Check if add is changed)	dress MILLVILLE			8332			
is changed)		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAII	L ADDRESS (Please provide only o		O 3 4				
(Check if a is changed		LLVILLEGOP.C					
COMMITTEE'S WEB	COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if a is changed)	ddress	GOP.COM					
2. DATE 02	27° 2013						
3. FEC IDENTIFICA	ATION NUMBER	00554667					
4. IS THIS STATEM	ENT NEW (N)	R AMENDED (	(A)				
I certify that I have ex	camined this Statement and to the		elief it is true, correct	and complete.			
Type or Print Name o	Treasurer EDWARD	S. WHEATON	<u>,</u>				
Signature of Treasure	Bhonf	1. Whenton	Date 02 <sup>th</sup>	27 2014			
NOTE: Submission of fa	alse, erroneous, or incomplete ifform	nation may subject the person signation SHOULD BE REPORT		the penalties of 2 U.S.C. §437g.			
Office Use Only		For further informs Federal Election Co Toll Free 800-424-93	mmission 530	FEC FORM 1 (Revised 02/2009)			

	ı	F	EC For	rm 1 (Revised 02/2009)	Page 2				
	<b>5</b> .		TYPE OF COMMITTEE						
		Can	didate	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. (Complinformation below.)	ete the candidate				
		Name Candi			[Secure Flore   1]				
		Candi Party	idate Affiliatio	Office Sought: House Senate President	State 7				
rV rV		(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
193		Name Cand			<u> </u>				
7		Part	y Con	nmittee:	<b>.</b>				
0		(d)			Democratic, epublican, etc.) Party.				
-									
		(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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)	$\times$	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated fund or party				
				In addition, this committee is a Lobbylst/Registrant PAC.					
				In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	•				
Joint Fundraising Representative:									
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.					or more political				
		(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political				
			Com	mittees Participating in Jaint Fundraiser					
			1.	FEC ID number					
			2.	FEC ID number					
1			3.	FEC ID number C					
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FEC Form 1 (Revised	02/2009)	Page <b>3</b>				
Write or Type Committee Name	8	,				
MILLVILLE REGULA	R REPUBLICAN ORGANIZATION A	NJ NONPROFIT CORPORATION				
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising	Representative, or Leadership PAC Sponsor				
ΙΝΟΝΕΙΙΙΙΙ	1111111111111					
Mailing Address						
	CITY	STATE ZIP CODE				
		ising Representative Leadership PAC Sponsor				
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and p	position of the person in possession of committee				
Full Name	MIKOLASY					
Mailing Address	712 GLENSIDE RD.					
	MILLVILLE	NJ 08332				
Title or Position	CITY	STATE ZIP CODE				
	Telephone	number 856 327 2982 _				
8. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer o assistant treasurer).	f the committee; and the name and address of				
Full Name of Treasurer						
Mailing Address	87 SUNSET DR.					
	KAU 1 \ / /	N.Inonno				

CITY

STATE

Telephone number

ZIP CODE

856 \_ 327 \_ 4443

14031193558

Title or Position

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		<u></u>
Mailing Address		1111111
		<u> </u>
	CITY STATE	ZIP CODE
Title-or Position		
	Telephone number	
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits oxes or maintains funds.  Depository, etc.	s lulius, liulus accounts, rents
safety deposit bo	oxes or maintains funds.  Depository, etc.  MILLVILLE SAVINGS	L L L L L L L L L L L L L L L L L L L
safety deposit bo	oxes or maintains funds.  Depository, etc.	
safety deposit bo Name of Bank, D	oxes or maintains funds.  Depository, etc.  MILLVILLE SAVINGS	LILILIA ACCOUNTS, TERRIS
safety deposit bo Name of Bank, D	Oxes or maintains funds.  Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE	10   10   10   10   10   10   10   10
safety deposit bo Name of Bank, D	Oxes or maintains funds.  Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190	
safety deposit bo Name of Bank, D	Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190  MILLVILLE  CITY  STATE	   08332   08332
safety deposit bo Name of Bank, D Mailing Address	Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190  MILLVILLE  CITY  STATE	   08332   08332
safety deposit bo Name of Bank, D Mailing Address	Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190  MILLVILLE  CITY  STATE	   08332   08332
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safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190  MILLVILLE  CITY  STATE  Depository, etc.	   08332   08332
safety deposit bo Name of Bank, D Mailing Address  Name of Bank, D	Depository, etc.  MILLVILLE SAVINGS  ONE SAVINGS PLACE  PO BOX 190  MILLVILLE  CITY  STATE  Depository, etc.	   08332   08332



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PREPARER (8/2013)	DATE	PREPARED