

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

pnichols@njdem.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

01 / 31 / 2007

3. FEC IDENTIFICATION NUMBER

C C00391458

4. IS THIS STATEMENT

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

Vincent Rigolosi

Signature of Treasurer

Electronically Filed by Vincent Rigolosi

Date

01 / 31 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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) 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 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
Newark NJ 07102

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
CFO 973 639 9700

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 **Vincent Rigolosi**

Mailing Address **Riverfront Plaza Station**
PO Box 200597
Newark NJ 07102

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
Treasurer 973 639 9700

Telephone number

Full Name of Designated Agent **Peter D. Nichols**

Mailing Address **Riverfront Plaza Station**
PO Box 200597
Newark NJ 07102

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
CFO 973 639 9700

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.

Commerce Bank

Mailing Address

1701 Route 70 East

Cherry Hill

NJ

08034 - 5400

CITY ▲

STATE ▲

ZIP CODE ▲