

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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Office Use Only

FEC MAIL CENTER 12FE4M5

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

Charles Lukens for Congress

ADDRESS (number and street) 409 N. Suffolk Ave.

(Check if address is changed)

Ventnor

NJ

8406

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

crlukensiii@live.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

lukensforcongress.com

2. DATE

06 / 5 / 2012

3. FEC IDENTIFICATION NUMBER

C

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

Charles Lukens

Signature of Treasurer

[Handwritten Signature]

Date

06 / 05 / 2012

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 02/2009)

12030821579

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate Charles Lukens

Candidate Party Affiliation n/a Office Sought:  House  Senate  President State NJ District 02

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. \_\_\_\_\_ FEC ID number: C
2. \_\_\_\_\_ FEC ID number: C
3. \_\_\_\_\_ FEC ID number: C
4. \_\_\_\_\_ FEC ID number: C

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Write or Type Committee Name

# Charles Lukens for Congress

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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

Charles Lukens

Mailing Address

409 N. Suffolk Ave.

\_\_\_\_\_

Ventnor

NJ

08406

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number

609

822

2773

**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

Charles Lukens

Mailing Address

409 N. Suffolk Ave.

\_\_\_\_\_

Ventnor

NJ

08406

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

609

822

2773

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Full Name of Designated Agent

Doris Lukens

Mailing Address

409 N. Suffolk Ave.

Ventnor

CITY

NJ

STATE

08406

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

609

822

2773

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.

Ocean City Home Bank

Mailing Address

331 Tilton Road

Northfield

CITY

NJ

STATE

08225

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030821582

Federal Election Commission  
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The FEC added this page to the end of this filing to indicate how it was received.

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*JMP*  
PREPARER  
(3/2005)

6/11/12  
DATE PREPARED

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