

FEC FORM 1

STATEMENT OF ORGANIZATION

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12FE4M5

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

CHIVUKULA FOR CONGRESS

ADDRESS (number and street)

PO BOX 5222

(Check if address is changed)

SOMERSET

CITY

NJ

STATE

08875-5222

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

CHIVUKULAFORCONGRESS@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.CHIVUKULAFORCONGRESS.COM

2. DATE 02' 19' 2014

3. FEC IDENTIFICATION NUMBER 00415828

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 ANN McCRACKEN

Signature of Treasurer [Handwritten Signature]

Date 03' 06' 2014

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.

Table with 5 columns and 1 row, labeled 'Office Use Only'.

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

14031193656

Write or Type Committee Name

CHIVUKULA FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

ANN MCCracken

Mailing Address

115 DAHLIA ROAD

SOMERSET

VT

08823

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

732-259-2368

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

ANN MCCracken

Mailing Address

115 DAHLIA ROAD

SOMERSET

VT

08823

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

732-259-2368

14031193658

Full Name of Designated Agent

HETAL PARIKH

Mailing Address

370 CAMPUS DRIVE

SUITE 103

SOMERSET

NJ

08873

CITY

STATE

ZIP CODE

Title or Position

DEPUTY TREASURER

Telephone number

908-627-0043

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.

TD BANK

Mailing Address

3224 ROUTE 27

FRANKLIN PARK

NJ

08823

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

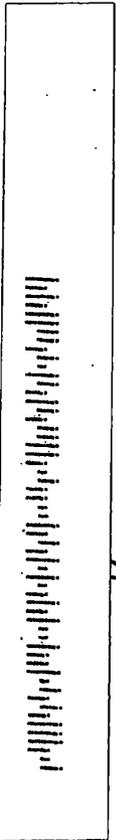
CITY

STATE

ZIP CODE

14031193659

14031193660



CHIVUKULA

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SOMERSET NT 08875-5222

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SOMERSET, NJ
08872
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20463

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

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WASHINGTON, D.C. 20463

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Received from Senate Public Records Office Date of Receipt

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Other (Specify): Date of Receipt or Postmarked



3/11/14

PREPARER
(8/2013)

DATE PREPARED

14031193661