

NEW JERSEY CITIZEN POLITICAL ACTION COMMITTEE

744 Broad Street

Suite 2080

Newark NJ 07102

RECEIVED
2012 FEB 29 AM 8:47
FEC MAIL CENTER

February 9, 2012

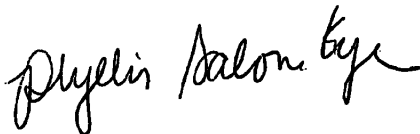
Maureen Benitz
Federal Election Commission
999 East Street NW
Washington, DC 20463

Dear Ms. Benitz:

Enclosed is an updated Statement of Organization, and the amend reports with the correct signature for the period ending June 30, 2011 and December 31, 2011.

If you have any question, please reach out to us.

Sincerely,



Phyllis Salowe-Kaye
Executive Director

12030750733

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

NEW JERSEY CITIZEN ACTION POLITICAL ACTION COMMITTEE - NJCAPAC

ADDRESS (number and street)

144 BROAD STREET

(Check if address is changed)

SUITE 2080

NEWARK

NJ

07102

CITY

STATE

ZIP CODE

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

(Check if address is changed)

THERESA@NJCITIZENACTION.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.NJCAPAC.ORG

2. DATE

02 08 2012

3. FEC IDENTIFICATION NUMBER

C00231217

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

Mitch Kohn

Signature of Treasurer

Mitch Kohn

Date

02 09 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)

12030750734

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 _____

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 _____

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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

NEW JERSEY CITIZEN ACTION POLITICAL

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

NEW JERSEY CITIZEN ACTION

Mailing Address

144 BROAD STREET
SUITE 2080
NEWARK NJ 07102
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

THERESA DEMPENOLF

Mailing Address

15 RARITAN AVENUE
SUITE 200
HIGHLAND PARK NJ 08904
CITY STATE ZIP CODE

Title or Position

FINANCIAL DIRECTOR

Telephone number

732-246-4712

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

MITCH KAHN

Mailing Address

15 RARITAN AVENUE
SUITE 200
HIGHLAND PARK NJ 08904
CITY STATE ZIP CODE

Title or Position

TREASURER

Telephone number

732-246-4712

12030750736

Full Name of Designated Agent

Phyllis Salowe Kaye

Mailing Address

144 BROAD STREET

SUITE 2050

NEWARK

NJ

07102-

CITY

STATE

ZIP CODE

Title or Position

EXECUTIVE DIRECTOR

Telephone number

973-643-8800

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.

BANK OF AMERICA

Mailing Address

35 WOODBRIDGE AVENUE

HIGHLAND PARK

NJ

08904-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030750737

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>2/9/12</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label	<input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery	<input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER
 (3/2005)

2/29/12
 DATE PREPARED