06/10/2005 19 : 52

# 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

BILL SPADEA FOR CONGRESS

ADDRESS (Number and Street)

PO Box 5327

X (Check if address is changed)

TRENTON NJ 08638 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

krista@billspadea.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.billspadea.com

COMMITTEE'S FAX NUMBER

7329092006

2. DATE M M / D D / Y Y Y Y 06 10 2005

3. **FEC IDENTIFICATION NUMBER** **C** **C00393926**

4. IS THIS STATEMENT X 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 Andrea Krista Csapo

Signature of Treasurer Electronically Filed by Andrea Krista Csapo Date M M / D D / Y Y Y Y 06 10 2005

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 02/2003)