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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

G r i d i r o n - P A C

ADDRESS (number and street) 2 8 0 P a r k A v e n u e

(Check if address is changed) N e w Y o r k N Y 1 0 0 1 7

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
j o e . b r o w n e @ n f l . n e t

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
2 1 2 - 6 8 1 - 7 5 7 4

2. DATE 0 5 / 3 0 / 2 0 0 8

3. FEC IDENTIFICATION NUMBER C 0 0 4 5 1 1 5 3

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 Joe Browne

Signature of Treasurer *Joe Browne* Date 0 6 / 2 5 / 2 0 0 8

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.

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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
- (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 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 _____
5. _____ FEC ID number C _____

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Write or Type Committee Name

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

N o n e

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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

S h e r r i C a r a c c i a

Mailing Address

2 8 0 P a r k A v e n u e

[Empty address line]

N e w Y o r k N Y 1 0 0 1 7

CITY

STATE

ZIP CODE

Title or Position

[Empty title field]

Telephone number

2 1 2 - 4 5 0 - 2 0 0 0

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

J o e B r o w n e

Mailing Address

2 8 0 P a r k A v e n u e

[Empty address line]

N e w Y o r k N Y 1 0 0 1 7

CITY

STATE

ZIP CODE

Title or Position

[Empty title field]

Telephone number

2 1 2 - 4 5 0 - 2 0 0 0

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Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

J P m o r g a n c h a s e

Mailing Address

2 7 7 P a r k A v e n u e

[Empty grid for Mailing Address line 2]

N e w Y o r k N Y 1 0 1 7 2

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

28039754804

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
6/25/08

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Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmld
 PREPARER
 (3/2005)

7/1/08
 DATE PREPARED

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