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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

SURGE TO SIXTY

ADDRESS (number and street)

P.O. BOX 7072

(Check if address is changed)

HICKSVILLE NY 11802-7072

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@SURGETOSIXTY.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SURGETOSIXTY.ORG

COMMITTEE'S FAX NUMBER

-

2. DATE

07 15 2005

3. FEC IDENTIFICATION NUMBER ▶

C00410282

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

Jessica C. Sutliff

Signature of Treasurer

Jessica C. Sutliff

Date

07 22 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  
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Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

FEC FORM 1  
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

25038860821

Write or Type Committee Name

SURGE TO SIXTY

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 JESSICA C. SUTLIFF

Mailing Address P.O. BOX 7072  
HICKSVILLE NY 11802-7072

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number

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 JESSICA C. SUTLIFF

Mailing Address P.O. BOX 7072  
HICKSVILLE NY 11802-7072

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent JAMES C. SUTLIFF

Mailing Address P.O. BOX 7072  
HICKSVILLE NY 11802-7072

Title or Position ASST. TREASURER CITY STATE ZIP CODE

Telephone number

23030860022

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.

COMMERCE BANK

Mailing Address

1837 RICHMOND AVE

STATEN ISLAND

NY

110314-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

BANK ONE CORPORATION

Mailing Address

340 SOUTH CLEVELAND AVE

BUILDING 370

WESTERVILLE

OH

43081-

CITY ▲

STATE ▲

ZIP CODE ▲

25038860825

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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*[Signature]*  
 PREPARER

7/27/05  
 DATE PREPARED

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