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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

CHIVUKULA FOR CONGRESS

ADDRESS (number and street) PO Box 6463

☐ (Check if address is changed)

Somerset NJ 08873-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.chivukulaforcongress.com

COMMITTEE'S FAX NUMBER

732-545-5211

2. DATE 10 12 2005

3. FEC IDENTIFICATION NUMBER ▶ C

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 RAVI SATTIRAJU

Signature of Treasurer Date 10 12 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)

FE3AN042.PDF

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: UPENDRA CHIVUKULA

Candidate Party Affiliation: DEM

Office Sought: ☑ House ☐ Senate ☐ President

State: NJ

District: 06

(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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

25031016354

Write or Type Committee Name

CHINULA FOR CONGRESS

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: TERESA PANILE

Mailing Address: P.O. BOX 6463

SOMERSET NJ 08873-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

DEPUTY TREASURER

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: RAVI SATTIRAJU

Mailing Address: 50 Slayback Drive

Princeton Jct NJ 08550-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number -

Full Name of Designated Agent: RAVI SATTIRAJU

Mailing Address: 50 Slayback Drive

Princeton Jct NJ 08550-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

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.

COMMERCE BANK

Mailing Address Rte. 27

FRANKLIN NJ 07823-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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PREPARER	DATE PREPARED 10/17/05

(3/2005)