

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

IDT CORPORATION PAC ('IDT PAC')

ADDRESS (number and street)

520 BROAD STREET

(Check if address is changed)

NEWARK

NJ

07102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY
03 / 07 / 2006

3. FEC IDENTIFICATION NUMBER

C C00367383

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

Michael S Glassner

Signature of Treasurer

Electronically Filed by Michael S Glassner

Date

MM / DD / YYYY
03 / 15 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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

IDT Corporation _____

Mailing Address **520 Broad Street** _____

Newark **NJ** **07102** - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Parent** _____

Type of Connected Organization:

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

Write or Type Committee Name

IDT CORPORATION PAC ('IDT PAC')

- 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 **William B. Ulrey**

Mailing Address **520 Broad Street**
16th Floor
Newark NJ 07102

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **973 438 3034**

- 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 **Michael S Glassner**

Mailing Address **520 Broad Street**
16th Floor
Newark NJ 07102

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **973 438 3694**

Full Name of Designated Agent **William B. Ulrey**

Mailing Address **520 Broad Street**
16th Floor
Newark NJ 07102

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **973 438 3034**

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.

Wachovia Bank NA

Mailing Address

PO Box 563966

Charlotte

NC

28262

3966

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 26970122867

Form/Schedule: **F1N**

This filing responds to RQ-1.

Transaction ID:
