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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

JEWISH COUNCIL FOR EDUCATION AND RESEARCH

ADDRESS (number and street) 630 FORT WASHINGTON AVE

(Check if address is changed) APT 3A

NEW YORK NY 10040

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
mikrmoore@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
www.jcer.info

COMMITTEE'S FAX NUMBER

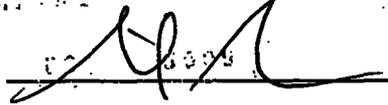
2. DATE 07 / 03 / 2008

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 Mikhael Moore

Signature of Treasurer 

Date 07 / 16 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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	<b>FEC FORM 1</b> (Revised 12/2007)
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5. TYPE OF COMMITTEE (Check One)

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 5.) 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____
5.	_____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

**JEWISH COUNCIL FOR EDUCATION AND RESEARCH**

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

**NONE**

Mailing Address

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

**Mikhael Moore**

Mailing Address

**630 Fort Washington Ave**

**Apt 3A**

**New York**

**NY**

**10040**

Title or Position ▼

**Treasurer**

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number **646** - **670** - **8249**

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

**Mikhael Moore**

Mailing Address

**630 Fort Washington Ave**

**Apt 3A**

**New York**

**NY**

**10040**

Title or Position ▼

**Treasurer**

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number **646** - **670** - **8249**

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Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Chase Manhattan Bank

Mailing Address

~~71 W 23rd St~~ 305 7th Ave

New York

NY

10001  
~~10010~~

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039780951

**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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Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jms* 7/16/08  
 PREPARER DATE PREPARED

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