15031072973

FEC FORM 1

STATEMENT OF ORGANIZATION

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CE COMES MISSION FHIER

1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
T h e N e w J e 1	c s e y A g e n d	a PAC	
ADDRESS (number and street)	1,9, J,a,s,o,n,	D _r i _v e _l	
(Check if address is changed)			
	S _i p _i r _i i _i n _i g _i i _i a _i CITY▲	k, e, , , , , , , , , , , , , , , , , ,	$\begin{array}{c c} N_{\perp}J & \begin{array}{c c} 0_{\parallel}7_{\parallel}7_{\parallel}6_{\parallel}2 & - \begin{array}{c c} 2_{\parallel}4_{\parallel}2_{\parallel}1 \end{array} \\ STATE \blacktriangle & ZIP CODE \blacktriangle \end{array}$
COMMITTEE'S E-MAIL ADDRES	SS		
(Check if address is changed)		<u> </u>	
	Optional Second E-Mail Add	dress	1
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)	None		
	hambarahambarahambarahambarah	<u></u>	
	6 2 0 1 3		
3. FEC IDENTIFICATION NU	· · · · · · · · · · · · · · · · · · ·	ran iy daga dara iyo regindariy. Tigʻiladiy Boʻliyota Boʻliyota	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct and complete.
To a see Diet Name of Transcore	John Tully	,	
Type or Print Name of Treasurer			
Signature of Treasurer	Jal > Ju		Date 05 21 2013
	, ,	may subject the person signing ON SHOULD BE REPORTED V	this Statement to the penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

5.

		OMMITTEE • Committee:					
	laluate						
(a)	14.4						
(b)	•=12	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	ne of didate						
	didate y Affiliati	Office State Senate President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	ne of didate						
Par	ty Con	nmittee:					
(d)	1.15	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.					
Pol	itical A	ction Committee (PAC):					
(e)	174	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					
		In addition, this committee is a Lobbyist/Registrant PAC.					
(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 Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joir	nt Fund	Iraising Representative:					
(g)	41 4 1 41	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)	i :	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.					
	Com	mittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.						
	J.						
	4.	FEC ID number, C.					

FEC Form 1 (Revised (02/2009)	rage 3
Write or Type Committee Name	e	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership F	AC Sponsor
N o n e		
Mailing Address		
	CITY STATE ZIP	CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative Leaders	hip PAC Sponsor
 Custodian of Records: Ider books and records. 	ntify by name, address (phone number optional) and position of the person in possess	ion of committee
Full Name J _i o _i h _i 1	n _. T ₁ u ₁ l ₁ Y ₁	
Mailing Address	1,9, J,a,s,o,n, D,r,i,v,e, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	S,p,r,i,n,g,,L,a,k,e,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2 - 2 4 2 1
Title or Position	CITY STATE ZIP	CODE
T r e a s u r e r	Telephone number	
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of
Full Name of Treasurer	$f{n_{i_1}T_1u_1l_1I_2Y_1}$	
Mailing Address	1,9, J,a,s,o,n, D,r,i,v,e, , , , , , , , , , , , , , , , , ,	
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Title or Position Title or Position Title or Position		J-LJ

FEC Form	1 (Revised 02/2	009)					Pa	ge 4
Full Name of Designated Agent	1 : 1 1 1	1 1			1 1 i	1 1 1 1	1 1 1 1	1 1 1
					:			
Mailing Address	ا	<u> </u>				1 - 1 - 1 - 1		
•	<u> </u>	<u></u>		<u>i l l l l l l l l l l l l l l l l l l l</u>				
	L_L	1 1 1 1 1	CITY		STATE		ZIP CODE	<u> </u>
Title or Position			,					
<u> </u>			<u></u>	Telephone nur	nber			
safety deposit boxe Name of Bank, De		unds.						
Name of Bank, De	es or maintains	unds.		<u> </u>	<u> </u>	<u> </u>		
Name of Bank, De	es or maintains epository, etc.	unds.		1, u e	lll			_
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