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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

BELLEN FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 101

(Check if address
is changed)

MORGANVILLE

NJ

07751

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rwienerlaw@optonline.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bellenforcongress.com

COMMITTEE'S FAX NUMBER

732-972-0518

2. DATE

06

30

2006

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

RICHARD A. WIENER, ESQ.

Signature of Treasurer

Date

06

30

2006

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)

26039115000

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 LEIGH-ANN BELLEN

Candidate Party Affiliation REP 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

26039115001

Write or Type Committee Name

BELLEV 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 Richard A. Wiener

Mailing Address PO Box 101
Morganville NJ
07751

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 908-672-6254

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 Richard A. Wiener

Mailing Address PO Box 101
Morganville NJ
07751

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 908-672-6254

Full Name of Designated Agent RONALD GRAYNO

Mailing Address P.O. Box 225
COLONIA NJ
07067

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 732-248-4178

26039115002

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.

BANK OF AMERICA

Mailing Address

HIGHWAY 36

UNION BEACH NJ 07735-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039115003

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JS
 PREPARER
 (3/2005)

7/13/06
 DATE PREPARED

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