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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. C12FE6345

WOLFE 2004 CONGRESS

ADDRESS (number and street) P.O. BOX 641

(Check if address is changed)

FRANKLIN LAKES NJ 07417-0641

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ANNEDWOLFE2004CONGRESS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.WOLFE2004CONGRESS.COM

COMMITTEE'S FAX NUMBER

201-236-2580

2. DATE 02 25 2004

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 DOROTHEA "ANNE" WOLFE

Signature of Treasurer Dorothea Anne Wolfe Date 02 25 2004

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)

FEMA Form PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: DEM

Office Sought: [✓] House [ ] Senate [ ] President

State: NH

District: 05

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: DOROTHEA ANNE WOLFE

(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

Write or Type Committee Name

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: MARY HATFIELD

Mailing Address: DONAHUE GIRONDA & DORIA

310 BROADWAY

BAYONNE NJ 07002-3519

City ▲ State ▲ ZIP Code ▲

Title or Position ▼: BOOKKEEPER

Telephone number: 201-437-9000

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: DOROTHEA ANNE WOLFE

Mailing Address: P.O. BOX 641

FRANKLIN LAKES NJ 07417-0641

City ▲ State ▲ ZIP Code ▲

Title or Position ▼: TREASURER

Telephone number: 201-745-4221

Full Name of Designated Agent: FREDERICK J TOMKINS

Mailing Address: DONAHUE GIRONDA & DORIA

310 BROADWAY

BAYONNE NJ 07002-3519

City ▲ State ▲ ZIP Code ▲

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 201-437-9000

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/NORTH

Mailing Address 1100 LAKE STREET

RAMSEY | NJ | 07446-1275

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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PREPARER	DATE PREPARED 3/1/04

(2/2004)