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FEC FORM 1

STATEMENT OF ORGANIZATION

2004 JUN 10 A 9:10

Office Use Only

12FE4M5

1. NAME OF COMMITTEE (in full) [ ] (Check if name is changed) Example: If typing, type over the lines.

STEVEN FULOP FOR CONGRESS, INC

ADDRESS (number and street) 4 GREENE STREET

SUITE 208

[ ] (Check if address is changed)

JERSEY CITY NJ 07302-5642

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@STEVENFULOP.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.STEVENFULOP.COM

COMMITTEE'S FAX NUMBER

201-521-1774

2. DATE 05 29 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 David Jankelevich

Signature of Treasurer [signature] Date 05 29 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)

FECM001.PDF

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: STEVEN ROTH

Candidate Party Affiliation: DEM

Office Sought: ☑ House ☐ Senate ☐ President

State: NJ

District: 03

(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

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 [redacted]

Mailing Address [redacted]

[redacted]

[redacted]

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

[redacted] Telephone number [redacted]

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 [redacted]

Mailing Address [redacted]

[redacted]

[redacted]

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

[redacted] Telephone number [redacted]

Full Name of Designated Agent [redacted]

Mailing Address [redacted]

[redacted]

[redacted]

Title or Position▼ CITY ▲ STATE ▲ ZIP CODE ▲

[redacted] Telephone number [redacted]

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.

[redacted]

Mailing Address [redacted]

[redacted] [redacted] [redacted]

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

[redacted]

Mailing Address [redacted]

[redacted] [redacted] [redacted]

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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PREPARER

6-10-05

DATE PREPARED

(5/2004)