

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

05 NOV 28 PM 4:40

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12 FEAMS

TASING FOR NEW YORK

ADDRESS (number and street)

P.O. BOX 302

(Check if address
is changed)

NEW YORK

NY

110040

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.TASINGFORNEWYORK.ORG

COMMITTEE'S FAX NUMBER

2. DATE

11

22

2005

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

Barbara Carless

Signature of Treasurer

Barbara K Carless

Date

11

22

2005

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 800-424-6330
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

F23MAY02.PDF

25020520077

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 JONATHAN TASENE

Candidate Party Affiliation DEM Office Sought: House Senate President State NY District

- (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

84002507052

Write or Type Committee Name

TASINI FOR NEW YORK

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 BARBARA CARESS

Mailing Address 425 W 23RD ST. APT 8E

NEW YORK NY 10011

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 212-627-4635

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 BARBARA CARESS

Mailing Address 425 W 23RD ST. APT 8E

NEW YORK NY 10011

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 212-627-4635

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

25020520079

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.

AMALGAMATED BANK

Mailing Address

15 UNION SQUARE

NEW YORK

NY

10003-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

25020520080

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8532 2885 2378

From: 11/23/01
To: Jonathan Tasiv
Date: 11/23/01
City: NY ZIP: 10022

Address: 739 W 186th St
City: NY ZIP: 10022

Complain: Office of Public Records
Reference: Secretary of Reserve
Form: 202 804-0322

Payee: 232 Hart Office Building
Address: 232 Hart Office Building
City: New York NY 10010

X-RAYED
Postal Operations
Priority Business Mail Services

1 No
2 Registered Addressee
3 Registered Addressee
4 Registered Addressee
5 Registered Addressee
6 Registered Addressee
7 Registered Addressee
8 Registered Addressee
9 Registered Addressee
10 Registered Addressee
11 Registered Addressee
12 Registered Addressee

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Postmark

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Postmark

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Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

11-22-05



UPS



DHL



AIRBORNE EXPRESS



RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

PREPARER

RD

DATE PREPARED

11-28-05

25020520082

25020520083

