FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instruc	_	Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5
Nader for Pres	sident 2004		
ADDRESS (number and	PO Box 18002		
_			
(Check if addr is changed)	Washington		DC 20036 - 1111
		CITY▲	STATE▲ ZIP CODE ▲
committee's e-ma naderteam@ve			,
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
http://www.vo	tenader.org		
COMMITTEE'S FAX N 2022650092	NUMBER		
2. DATE 0.7	1 / 19 / Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00395038	
4. IS THIS STATEM	MENT NEW (N) OR	X AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of my k	nowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Mr. Carl Mayer		
Signature of Treasurer	Electronically Filed by Mr. Carl	Mayer	Date 07 / 19 / 2006
NOTE: Submission of fa		nay subject the person signing this Si	atement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informatio Federal Election Comm Toll Free 800-424-9530	ission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2
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 call information below.)	andidate
	Name of Ralph Nader Candidate	
	Candidate Party Affiliation Office Sought: House Senate X President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,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 fur committee.	nd or party
ô.	Name of Any Connected Organization or Affiliated Committee	
l	None	.
I		1
_	PO Box 18002	
	Mailing Address	
	Washington DC 200	036
	CITY STATE A	ZIP CODE A
	Relationship Affiliated Committee	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

FEC For	m 1 (Revised 02/2003)				P	age 3
Write or Type Co	mmittee Name					
Nader for I	President 2004					
	Records: Identify by of Committee books	name, address, (phone num and records.	nber optional), and	position of th	ne person in	
Full Name	Kelly Phong		1 1 1 1 1 1 1			
Mailing Addre	ss	600 Blandford Street				
		#3				
		Rockville		MD _	20850	
Title or Position	on 🔻	CITY A	;	STATE	ZIP CO	DE A
	Assistant Treasu	rer		202	265	4000
			Telephone numb	er		
Full Name of Treasurer Mailing Addre	Mr. Carl Maye	r 1 River Place				
		New York		NY _	10036_	
Title or Position	on ♥	CITY A	;	STATE	ZIP CO	DE 🛦
	Treasurer		Telephone numb	202		4000
Full Name of Designated Agent	Kelly Phong					
Mailing Addre	ss	600 Blandford Street				
		"				
		#3				
		#3 Rockville		MD	20850 _	·
Title or Position				MD	20850 - ZIP COI	DE A
Title or Position	on ▼ Assistant Treasu	Rockville CITY ▲	Telephone numb	STATE A		DE A

	FEC Form 1	(Revised 02/2003)	Page 4	
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.			
	Mailing Address	Amalgamated Bank 1825 K St NW		
		Washington DC 20006	3]	
		CITY A STATE A ZIP C	CODE A	