FEC FORM 1		ORC	TEMEI GANIZA See instruction						Office u	se only		
1. NAME OF COMMITTEE (in 1	full)	(Cheo is cha	ck if name anged)	Examp over th	le: If typying e lines	g, type	12F	E4M5				
Ray Meier for	Congress	Committee						1 1				
										1 1 1		
ADDRESS (number and s	street)	PO Box 1	20					1 1				
▼	,											.
(Check if addre is changed)	ess					I	I ŅY	· · · · ·	· · · · · 1	3503	 	.
]				
COMMITTEE'S E-MAI	IL ADDRES	S		CITY			STATE			ZIP COE	DE 📥	
rmc2006@veri	zon.net									1 1 1		
					1 1 11					1 1 1		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)										
								1 1		1 1 1		
COMMITTEE'S FAX N	NUMBER											
3152721996	L L											
2. DATE 0.8		D / Y Y 5 20	0 6 [°]									
3. FEC IDENTIFICA		BER		C C004	22220							
4. IS THIS STATEM	1ENT	NEW (N)	OR	X	AMEND	ED (A)						
I certify that I have examine	ined this Stat	ement and to the	best of my know	wledge and b	pelief it is tru	e, correct ar	nd comple	ete				
Type or Print Name of	Treasurer	Theod	lore .J. Pet	rillo								
Signature of Treasurer	Electror	nically Filed by	Theodore	.J. Petrill	0		Date	^M 1 0	M / D	13	ΥΥΥΥ 20	D 6
NOTE: Submission of fal		s, or incomplete i	-	-		-				U.S.C. S4	37g.	
Office												

Office Use		For further information contact: Federal Election Commission	FEC FORM 1
Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2003)

х

Membership Organization

	FEO Form	1 (Revised 02/2003)	Page 2
5.	TYPE OF COM	MITTEE (Check One)	
	(a) X	This committee is a principal campaign committee. (Complete the candidate information below.)	
	(-)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the c information below.)	andidate
	Name of Candidate	<mark>│ Raymond A Meier</mark>	
	Candidate Party Affiliation	REP Office Sought: X House Senate President	State NY District 24
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	(d)		emocratic, publican,etc.) Party.
	(e)	This committee is a separate segregated fund	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fu committee.	nd or party
6.	Name of Any C	Connected Organization or Affiliated Committee	
L	ROMP IV 200	16 _{1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1}	
L			
	Mailing Address	S 288 South Washington St	
		Alexandria VA VA 22	314 _
		CITY STATE A	ZIP CODE 🔺
	Relationship	Joint Fund Raising C	
	Type of Connec	ted Organization:	
	Corpora	ation Corporation w/o Capital Stock Labor Organizati	on

Trade Association

Cooperative

FEC Form	1 (Revised 02/	2003)		Page 3
Write or Type Corr	mittee Name			
Ray Meier f	or Congress	Committee		
		ntify by name, address, (phone numb books and records.	per optional), and position of th	ne person in
Full Name				
Mailing Addres	5			
Title or Position	V	CITY A		 ZIP CODE 🛦
			Telephone number	
	ist the name a	nd address (phone number option designated agent (e.g., assistant trea	al) of the treasurer of the commi surer).	ittee; and the
name and ad Full Name		re .J. Petrillo		
name and ad	Theodo			
name and ad Full Name of Treasurer	Theodo	re .J. Petrillo		13492
name and ad Full Name of Treasurer	Theodo	re .J. Petrillo 34 Cheyenne Crescent		<u>13492</u> ZIP CODE ▲
name and ad Full Name of Treasurer Mailing Address	Theodo	re .J. Petrillo 34 Cheyenne Crescent Whitesboro	<u>NY</u>	
name and ad Full Name of Treasurer Mailing Address	Theodo	re .J. Petrillo 34 Cheyenne Crescent Whitesboro	<u>NY</u> STATE <u>315</u>	ZIP CODE 🛦
name and ad Full Name of Treasurer Mailing Address Title or Position	Theodo s Treasurer 	re .J. Petrillo 34 Cheyenne Crescent Whitesboro CITY A	<u>NY</u> STATE <u>315</u>	ZIP CODE 🛦
name and ad Full Name of Treasurer Mailing Address Title or Position	Theodo s Treasurer 	re .J. Petrillo 34 Cheyenne Crescent Whitesboro CITY A	<u>NY</u> STATE <u>315</u>	ZIP CODE 🛦
name and ad Full Name of Treasurer Mailing Address Title or Position	Theodol s Treasurer Janet St	re .J. Petrillo 34 Cheyenne Crescent Whitesboro CITY A trumlock P.O. Box 356	NY STATE▲ Telephone number 315	ZIP CODE A

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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.

	Partners Trust Bank	
Mailing Address	233 Genesee Street	
	Utica	NY 13501
	CITY 🛆	STATE 🗠 ZIP CODE 🛆

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Banks or Other Depositorions safety deposit boxes or maint			
Name of Bank, Depository, e	tc.	[]	ADDITIONAL]
Mailing Address			
	CITY 🛆	STATE 🛆	ZIP CODE 🛆
Name of Any Connected (Organization or Affiliated Committee		
Name of Any Connected C	Organization or Affiliated Committee	[/	ADDITIONAL]
Name of Any Connected C		• • • • • • • • • •	
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NY-24 Congressional V	/ictory Committee		
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NY-24 Congressional V	/ictory Committee		
NY-24 Congressional V Mailing Address	/ictory Committee		
NY-24 Congressional V	/ictory Committee		
NY-24 Congressional V Mailing Address	/ictory Committee P.O. Box 40177 Washington CITY▲		20016 L
NY-24 Congressional V Mailing Address	/ictory Committee P.O. Box 40177 Washington CITY▲		20016 _

Image# 26960497096

FEC Form 1 (Revised 1/2001)

Designated Agent		[ADDITIONAL]
Full Name		
Mailing Address		
Title or Position ▼	CITY A	STATE ZIP CODE
	Telephon	ie number