

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Paul Aronsohn for Congress

ADDRESS (number and street)

P.O. Box 563

(Check if address is changed)

Ridgewood

NJ

07451

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

Paul@paularonsohn.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.paularonsohn.com

COMMITTEE'S FAX NUMBER

2018572819

2. DATE

07 / 05 / 2007

3. FEC IDENTIFICATION NUMBER

C C00419952

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

Paul Stuart Aronsohn

Signature of Treasurer

Electronically Filed by Paul Stuart Aronsohn

Date

07 / 05 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **Paul S Aronsohn**

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **NJ** District **5**

- (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

Paul Aronsohn for Congress

- 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 **Paul Stuart Aronsohn**

Mailing Address **35 Heights Road**

Ridgewood NJ 07450

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Candidate Telephone number 201 857 2819

- 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 **Paul Stuart Aronsohn**

Mailing Address **35 Heights Road**

Ridgewood NJ 07450

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number 201 857 2819

Full Name of Designated Agent **Gioia M. C assidy**

Mailing Address **51 Cherry Place**

Hillsdale NJ 07642

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Assistant Treasurer Telephone number 201 497 8885

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.

Chase Bank

Mailing Address

84 E. Ridgewood Avenue

Ridgewood

NJ

07450

CITY ▲

STATE ▲

ZIP CODE ▲