

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 JAN -2 PM 3:06

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CT for Peter Lumaj

ADDRESS (number and street)

14 Glenvue Dr.

(Check if address is changed)

CARMEL

CITY ▲

NY

STATE ▲

10512

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

antonrukaj@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 28 / 2012

3. FEC IDENTIFICATION NUMBER ▶

C00504266

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

Anton Rukaj

Signature of Treasurer

*Anton Rukaj*

Date

12 / 28 / 2012

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 06/2012)

13020010104

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 Pjerin "Peter" Lumaj

Candidate Party Affiliation REP Office Sought: House  Senate  President  State \_\_\_\_\_ District \_\_\_\_\_

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation    Corporation w/o Capital Stock    Labor Organization  
Membership Organization    Trade Association    Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

13020010105

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

ANTON RUKAJ

Mailing Address

14 Glenvue Dr.

CARMEL

NY

10512

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

914

602

7330

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

Anton Rukaj

Mailing Address

14 Glenvue Dr.

Carmel

NY

10512

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

914

602

7330

13020010100

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

13020010107

**EXTREMELY URGENT**

Please Rush To Addressee

Schedule package pickup right from your home or office at [usps.com/pickup](http://usps.com/pickup)

Print postage online - Go to [usps.com/postage](http://usps.com/postage)

PLEASE PRESS FIRMLY

PLEASE 1



UNITED STATES POSTAL SERVICE

1007

U.S. POSTAGE  
PAID  
STAMFORD, CT  
06901-12  
DEC 28 '12  
AMOUNT

**\$18.95**  
90094925-07



**EXPRESS MAIL**

UNITED STATES POSTAL SERVICE

**Flat Rate Mailing Envelope**  
For Domestic and International Use



E 1 2 5 4 5 3 0 4 0 U S

Place Mails



**EXPRESS MAIL**

UNITED STATES POSTAL SERVICE

DELIVERY (POSTAL USE ONLY)

Post Office To Addressee

Addressee Copy

Label 1-B, March 2004

When used internationally fix customs declarations S Form 2976, or 2976A).



**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code \_\_\_\_\_

Date Accepted \_\_\_\_\_

Mo. Day Year \_\_\_\_\_

Time Accepted  AM  PM \_\_\_\_\_

Day of Delivery \_\_\_\_\_

Month Day \_\_\_\_\_

Scheduled Time of Delivery \_\_\_\_\_

Next  2nd  2nd Del Day

Scheduled Date of Delivery \_\_\_\_\_

Month Day \_\_\_\_\_

Noon  3 PM

Military  2nd Day  3rd Day

Int'l Alpha Country Code \_\_\_\_\_

Postage \$ \_\_\_\_\_

Return Receipt Fee \$ \_\_\_\_\_

COD Fee \$ \_\_\_\_\_

Insurance Fee \$ \_\_\_\_\_

Total Postage & Fees \$ \_\_\_\_\_

Acceptance Emp. Initials \_\_\_\_\_

**CUSTOMER USE ONLY**

UNITED STATES POSTAL SERVICE

DELIVERY (POSTAL USE ONLY)

Delivery Attempt \_\_\_\_\_

Mo. Day Year \_\_\_\_\_

Delivery Date \_\_\_\_\_

Mo. Day Year \_\_\_\_\_

Time  AM  PM \_\_\_\_\_

Time  AM  PM \_\_\_\_\_

Employee Signature \_\_\_\_\_

Employee Signature \_\_\_\_\_

Employee Signature \_\_\_\_\_

Waiver of Signature (Domestic Mail Only)

Additional merchandise or services are included in this envelope.

Additional merchandise or services are included in this envelope. The recipient must be made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that article can be left in secure location and authorizes that delivery employee's signature constitutes valid proof of delivery.)

NO DELIVERY  Weekend  Holiday  Mailer Signature \_\_\_\_\_

TO: (PLEASE PRINT) PHONE ( ) \_\_\_\_\_

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

**CRADLE TO CRADLE**  
CERTIFIED  
BY THE  
SCIENCE OF BUSINESS

FOR PICKUP OR TRACKING

USPS packaging products have been awarded Cradle to Cradle Certification for their ecologically-intelligent design. For more information go to [nrdic.com/usps](http://nrdic.com/usps)

Recycle. 90101002061

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark  
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL **12-28-12** \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

|                  | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS  | _____         | <input type="checkbox"/>   |
| UPS              | _____         | <input type="checkbox"/>   |
| DHL              | _____         | <input type="checkbox"/>   |
| AIRBORNE EXPRESS | _____         | <input type="checkbox"/>   |

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

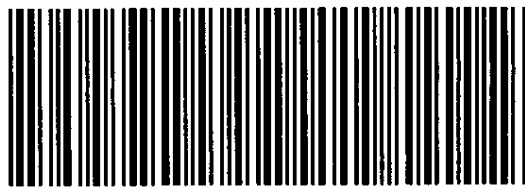
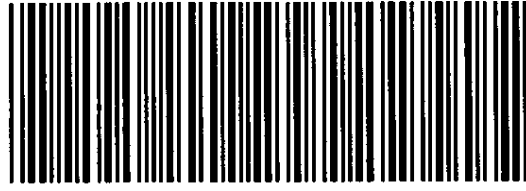
POSTMARK ILLEGIBLE  NO POSTMARK

FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER **RD** \_\_\_\_\_ DATE PREPARED **01-02-13**

139200101099



13920010110