Image# 28934209145		
	1	

FEC FORM 1		STATEM	ΖΑΤΙΟ				Office	use only	
1. NAME OF COMMITTEE (in fu	(III)	(Check if name is changed)		nple: If typying, the lines	, type	12FE4N	/15	1	
	⊃ RĘ-ĘLĘCŢ V	ITO FOSSELLA							
ADDRESS (number and st	reet) 34								
(Check if addres	ss LL								
is changed)		ATEN ISLAND				NY		10305	-
COMMITTEE'S E-MAIL	ADDRESS		CITY			STATE▲		ZIP CO	DE 🔺
					_ _ _			_	
COMMITTEE'S WEB P	AGE ADDRESS	(URL)							
COMMITTEE'S FAX NU	JMBER								
7036840683									
2. DATE 10	/ D D / 16	[×] 2008							
3. FEC IDENTIFICAT	ION NUMBER		C C00	328070]			
4. IS THIS STATEME		W (N) OR	x	AMENDE	ED (A)	-			
I certify that I have examin	ed this Statement a	nd to the best of my l	knowledge an	d belief it is true	, correct an	d complete			
Type or Print Name of T	reasurer	VITO FOSSEL	LA						
Signature of Treasurer	Electronically Fi	iled by VITO FO	DSSELLA			Date	1 1 /	D D /	Y Y Y Y 2008
NOTE: Submission of fals		omplete information						2 U.S.C. S4	437g.
Office			[For further inf	ormation of	ontact:			

EC FORM 1 (Revised 12/2007)

Image# 28934209146

FEC	Form 1 (Revised 12/2007)	Page 2
TYPE OF	COMMITTEE (Check One)	
Candidate	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information be	elow.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name of Candidate		
Candidate Party Affili	BED Y	President State NY District 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	9.
Name of Candidate		
Party Con		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) It	ts connected organization is a:
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated fund or party
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceed committees/organizations, at least one of which is an authorized committee of a federal can	
(h)	This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate.	ds for two or more political
Co	mmittees Participating in Joint Fundraiser	
	1 FEC ID number	
	2 FEC ID number	
	3 FEC ID number	
	4 FEC ID number C	
	5 FEC ID number C	

FEC ID number

FE3AN042.PDF

5.

FEC Form 1 (Revised 12/2007)	
Write or Type Committee Name	

COMMITTEE TO RE-ELECT VITO FOSSELLA

Mailing Add	dress			
		CITY	STATE 🛦	ZIP CODE 🔺
Relationshi	ip: ected Organization	X Affiliated Committee Leaders	hip PAC Sponsor	nt Fundraising Representative
	on of Committee	ntify by name, address, (phone number books and records. OSSELLA	optional), and position of t	he person in
Mailing Add	dress	15 Grandview Terrace		
				10200
		Staten Island	<u>NY</u>	10308 _
Title or Pos	sition ¥		<u>NY</u> State a	 ZIP CODE A
Title or Pos	sition ♥ Treasurer	CITY 🛦		
3. Treasurer	Treasurer r: List the name d address of any	CITY 🛦	STATE	
 Treasurer name and Full Name 	r: List the name d address of any er <u>VITO F</u>	CITY A and address (phone number optional) of designated agent (e.g., assistant treasured	STATE	ZIP CODE &
 Treasurer name and Full Name of Treasure 	r: List the name d address of any er <u>VITO F</u>	CITY A and address (phone number optional) of designated agent (e.g., assistant treasurer	STATE	ZIP CODE &
 Treasurer name and Full Name of Treasure 	Treasurer r: List the name d address of any erVITO F Idress	CITY A and address (phone number optional) of designated agent (e.g., assistant treasured OSSELLA 15 Grandview Terrace	STATE	ZIP CODE A

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Full Name of Designated Agent			
Mailing Address			
- Title or Position ▼	CITY A		
		elephone number	
Banks or Other Depositories safety deposit boxes or maintain Name of Bank, Depository, etc.	ins funds.	ne committee deposits funds, ho	lds accounts, rents
safety deposit boxes or maintain Name of Bank, Depository, etc.	ins funds.	ne committee deposits funds, ho	
safety deposit boxes or maintain Name of Bank, Depository, etc.	ins funds.	ne committee deposits funds, ho	Ids accounts, rents
safety deposit boxes or maintain Name of Bank, Depository, etc.	ond County Savings Bank	ne committee deposits funds, ho	
safety deposit boxes or maintain Name of Bank, Depository, etc.	ns funds. ond County Savings Bank 2595 Hylan Blvd. Staten Island		
safety deposit boxes or maintain Name of Bank, Depository, etc.	ond County Savings Bank 2595 Hylan Blvd. Staten Işland CITY Δ		
safety deposit boxes or maintain Name of Bank, Depository, etc.	ond County Savings Bank 2595 Hylan Blvd. Staten Işland CITY Δ		
Safety deposit boxes or maintain Name of Bank, Depository, etc. Richmo Mailing Address	ins funds. ond County Savings Bank 2595 Hylan Blvd. ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		
safety deposit boxes or maintain Name of Bank, Depository, etc. Mailing Address Name of Bank, Depository, etc.	ins funds. ond County Savings Bank 2595 Hylan Blvd. Staten Işland CITY ▲ 1909 K St., NW		
safety deposit boxes or maintain Name of Bank, Depository, etc. Mailing Address Name of Bank, Depository, etc.	ins funds. ond County Savings Bank 2595 Hylan Blvd. Staten Işland CITY △		