FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVEDT 2012 MAR - 6 AM 11: 46 EEC. MAIL CENTED

				GIEGUS MAIL CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines,	12FE4M5	·
Rice For Cong	ress		1 1 1 1 1 1	<u></u>
	<u> </u>	<u> </u>	<u> </u>	
ADDRESS (number and street)	173 Dickerso	on Street		
(Check if address is changed)	Newark	<u> </u>	NJ	7107
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one a	e-mail address)		
(Check if address	winthetenth	nj@gmail.com	11111	
is changed)		<u> </u>		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address,	www.ron-ric	e.com	<u> </u>	
is changed)	· · · · · · · · · · · · · · · · · · ·			<u>:                                    </u>
2. DATE 03 1	2012	eran eran eran eran eran eran eran eran		
3. FEC IDENTIFICATION N	UMBER C	Marie and the second section of the section o		the second
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the bes	at of my knowledge and belief	it is true, correct a	and complete.
Type or Print Name of Treasure	James Blan	ney		
Signature of Treasurer	James Ble	meg	Date 03	01 2012
NOTE: Submission of false, errone		may subject the person signing		he penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commiss Tall Free 800-424-8530		FEC FORM 1 (Revised 02/2009)

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Pane	2

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TYPE OF C	OMMITTEE	
Candidate	e Committee:	
(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. (Cor information below.)	nplete the candidate
Name of Candidate	Ron Rice	<u> </u>
Candidate Party Affiliat	ion DEM Office Sought: House Senate President	State NJ District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(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.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	segregated fund or party
	In addition, this committee is a Lobbylst/Registrant PAC.	
	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 proceeds for committees/organizations, at least one of which is an authorized committee of a federal cendidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Con	nmittees Participating in Joint Fundraiser	
1,	FEC ID number C	
2.	FEC ID number C	त्रमुक्तः प्रदूष्णातस्य । प्रतासस्य । प्राप्तः हे ।
3.	FEC ID number C	្សាស្ត្រ។ ការស្នង ប្រកាស់ សមិនិត្យស្តីការ (កាមហាជី) ការសុធនីវិទមុន
4.	FEC ID number C	तम्बर्गनकार्युः रहत्यारः । प्रशासम्बद्धानरः । सर्वित्रः । । । । । । । । । । । । । । । । । । ।

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Write or Type Committee Nar		-5-
Rice For Cong		
	T Organization; Affiliated Committee, Joint Fundralsing Representative, or Leadersh	nip PAC Sponsor
Mailing Address		
		1-1-1
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor
<ol> <li>Custodian of Records: id books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person in pos	session of committee
IAM	(ES,BLANEY, , , , , , , , , , , , , , , , , , ,	,
Full Name	. daa daa daa daa daa daa daa daa daa da	لــــــــــــــــــــــــــــــــــــ
Mailing Address	173 DICKERSON ST.	
		<u> </u>
	NEWARK 10710	<u> </u>
Title or Position	CITY STATE	ZIP CODE
TREASURER	/SENIOR ADVISOR	
	and address (phone number optional) of the treasurer of the committee; and the nar	me and address of
any designated agent (e.g	μ, assistant treasurer).	
Full Name JAN of Treasurer	<u> </u>	<u> </u>
Mailing Address	173 DICKERSON ST.	
-		<u>                                     </u>
	NEWARK	<u> </u> 7, <sub> - </sub> , , ,
	CITY STATE	ZIP CODE
Title or Position	ENIOR ADVISOR Telephone number	

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Full Name of Designated Agent JAM	IES BLANEY		
Mailing Address	173 DICKERSON		
	[NEWAŖĶ   CITY	STATE	07107 ZIP CODE
Title or Position	ENIOR ADVISOR	elephone number	J- <u>L.</u> ;_J- <u>L.</u> ;J
Banks or Other Deposits safety deposit boxes or m	·	n the committee deposits fund	ds. holds accounts, rents
CIT	Y, NATIONAL BANK OF NEV	Y JERSEY, , , ,	<u> </u>
Mailing Address	1900 BROAD ST	<u> </u>	<u> </u>
		<u> </u>	
	NEWARK	NJ U	07102
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		
<u> </u>		<u> </u>	
Mailing Address		<u> </u>	
		<u> </u>	<u></u>
		ا ليا ليي	
	CITY	STATE	ZIP CODE

(3/2005)

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