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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

JEFF COOK FOR CONGRESS EXPLORATORY COMMITTEE

ADDRESS (number and street)

PO BOX 1190

(Check if address
is changed)

PEEKSKILL

NY

10566-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JEFFCOOK@JEFFCOOK.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.JEFFCOOK.ORG

COMMITTEE'S FAX NUMBER

914-293-7434

2. DATE

09 13 2005

3. FEC IDENTIFICATION NUMBER ▶

C

4. IS THIS STATEMENT

X

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

THOMAS AARON CHRISTENSON

Signature of Treasurer

Date

09 13 2005

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 02/2003)

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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 JEFFERY KENNETH COOK

Candidate Party Affiliation REP Office Sought: House Senate President State NY District 19

- (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

NONE

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

52176885057

Write or Type Committee Name

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 JEFFERY S. SZABO-SIMMONS

Mailing Address 717 KOSSUTH PL
PEEKSKILL NY 10566-

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 914-293-7434

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 THOMAS AARON CHRISTENSON

Mailing Address 315 N 23RD ST APT 8E
NEW YORK NY 10011-

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 212-7645-5568

Full Name of Designated Agent JEFFERY S. SZABO-SIMMONS

Mailing Address 717 KOSSUTH PL
PEEKSKILL NY 10566-

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 914-293-7434

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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.

BANK OF AMERICA

Mailing Address

54 W MAIN ST

PO BOX 390

GOSMEN

NY

10924

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SL1
 PREPARER
 (3/2005)

9/19/05
 DATE PREPARED

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