

SECRETARY OF THE SENATE

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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.

12FB4M5

PALLONE FOR SENATE

ADDRESS (number and street)

PO BOX 3037

(Check if address
is changed)

LONG BRANCH

NJ

07740

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

732-571-9488

2. DATE

01 29 2005

3. FEC IDENTIFICATION NUMBER ▶

C

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

WARREN GOODE

Signature of Treasurer

Warren Goode

Date

01 29 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 800-424-9630
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 FRANK FALLONE, JR.

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

- (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

PALLONE FOR SENATE

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 MARILYN M. REGAN

Mailing Address PO BOX 3037

LONG BRANCH NJ 07740

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 732 - 571 - 4141

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 WARREN GOODE

Mailing Address 1025 HWY 35

OCEAN NJ 07712

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 732 - 531 - 1400

Full Name of Designated Agent MARILYN M. REGAN

Mailing Address PO BOX 3037

LONG BRANCH NJ 07740

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 732 - 571 - 4141

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

577 BROADWAY

LONG BRANCH,

NJ

07740

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

ALLAIRE COMMUNITY BANK

Mailing Address

PO BOX 440

SEA GIRT

NJ

08750

CITY ▲

STATE ▲

ZIP CODE ▲

25020092204
05020092204

CONGRESS
76
NJ 07740

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