

FEC
FORM 1

STATEMENT OF
ORGANIZATION

SECRETARY OF THE SENATE
07 OCT 25 AM 11:59

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
ESTABROOK FOR SENATE

ADDRESS (number and street) P.O. BOX 225
(Check if address is changed) COLONIA NJ 07067
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Comm.RONGRAVINO@att.net

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.estabrookforsenate.com

COMMITTEE'S FAX NUMBER
732-248-4179

2. DATE 10/22/2007

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 RONALD GRAVINO

Signature of Treasurer [Signature] Date 10/22/2007

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)

27020383211

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 ANNE EVANS ESTABROOK

Candidate Party Affiliation REP 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

27020583212

Write or Type Committee Name

ESTABROOK 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 RONALD GRAVINO

Mailing Address P.O. BOX 225

COLONIA NJ 07067

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 732-248-4178

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 RONALD GRAVINO

Mailing Address P.O. BOX 225

COLONIA NJ 07067

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 732-248-4178

Full Name of Designated Agent JENNIFER D'AUTRECHY

Mailing Address P.O. BOX 225

COLONIA NJ 07067

Title or Position CITY STATE ZIP CODE

ASST. TREASURER Telephone number 732-248-4178

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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.

COMMERCE BANK

Mailing Address

1398 HIGHWAY 9

OLD BRIDGE NJ 08857-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

27020385214

P



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\$5.25
PRIORITY
08817
Date of sale
10/22/07
02 1P00
02313741
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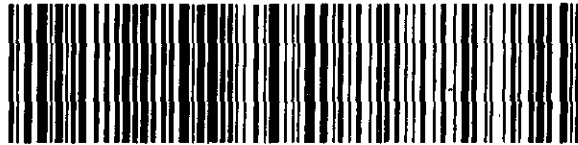
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ALEXANDRIA VA 22301



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PRIORITY

SECRETARY OF THE SENATE
OFFICE OF PUBLIC RECORDS
P.O. Box 5109
ALEXANDRIA, VA 22301-0109

27020385215

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Postmark

USPS PRIORITY MAIL _____
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	<u>10-22-07</u>	<input checked="" type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

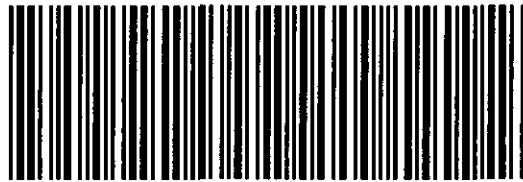
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-25-07

91258502072



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