

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
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2006 FEB -1^{RU} A 9:37

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

SPIVACK FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 7957

(Check if address is changed)

WILMINGTON

DE

19803

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dennis@spivackforcongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.spivackforcongress.org

COMMITTEE'S FAX NUMBER

3024797143

2. DATE

MM / DD / YYYY
01 / 27 / 2006

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

ROBERT FREED

Signature of Treasurer

Robert Freed

Date

MM / DD / YYYY
01 / 28 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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)

26038970233

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 **DENNIS SPIVACK**

Candidate Party Affiliation **DEM** Office Sought: House Senate President State **DE** District **00**

- (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

26038970234

Write or Type Committee Name

SPIVACK FOR CONGRESS

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 **ROBERT FREED**

Mailing Address **220 CONTINENTAL DRIVE**

SUITE 112

NEWARK DE 19713

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **302 737 6200**

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 **ROBERT FREED**

Mailing Address **220 CONTINENTAL DRIVE**

SUITE 112

NEWARK DE 19713

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number **302 737 6200**

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

26038970235

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.

ARTISAN'S BANK

Mailing Address

4901 KIRKWOOD HWY.

WILMINGTON

DE

19808

CITY Δ

STATE Δ

ZIP CODE Δ

26038970236

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"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>1/31/06</i>
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<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

SL
 PREPARER

2/1/06
 DATE PREPARED

26038970237