

**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

Kean for Congress Recount Fund

ADDRESS (number and street)

PO Box 999

☐ (Check if address is changed)

Edison

CITY ▲

NJ

STATE ▲

08818

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

ron@rongravino.com

Optional Second E-Mail Address

amberle.gilroy@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

M M	/	D D	/	Y Y Y Y
11	/	17	/	2020

3. FEC IDENTIFICATION NUMBER ►

C C00763250

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 Gravino, Ronald, , ,

Signature of Treasurer

Gravino, Ronald, , ,

[Electronically Filed]

Date

M M	/	D D	/	Y Y Y Y
11	/	17	/	2020

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 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

Kean for Congress Recount Fund**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**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

Gravino, Ronald, , ,

Mailing Address

PO Box 999

Edison

NJ

08818

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

Gravino, Ronald, , ,

Mailing Address

PO Box 999

Edison

NJ

08818

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

732

248

4178

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

TD 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