

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED  
FEC MAIL ROOM  
JAN 28 P 1:21

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Russo For Congress

ADDRESS (number and street)

P.O. Box 189

(Check if address  
is changed)

Ridgewood

NJ

07451-10189

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

12 01 2001

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

Joseph P. Kelly

Signature of Treasurer

Date

12 01 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to civil penalties.

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 202-504-1100

FEC FORM 1  
(Revised 1/01)

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 David G. Russo

Candidate Party Affiliation Rep. Office Sought:  House  Senate  President State NJ District 05

- (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/ Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

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 Joseph P. Kelly  
 Mailing Address 302 Wycikoff Ave  
Ramsey N.J. 07446  
 Title or Position Treasurer CITY STATE ZIP CODE  
 Telephone number 201-995-1082

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 Joseph P. Kelly  
 Mailing Address 302 Wycikoff Ave  
Ramsey N.J. 07446  
 Title or Position CITY STATE ZIP CODE  
 Telephone number 201-995-1082

Full Name of Designated Agent Frank Adamiak  
 Mailing Address 1320 Spring St  
Ridgewood N.J. 07450  
 Title or Position CITY STATE ZIP CODE  
 Telephone number 201-670-6345

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

814 WYCKOFF AVENUE

MANAH

NJ

07430

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

