

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

ZANZI For Congress

ADDRESS (number and street)

P.O. Box 549

(Check if address
is changed)

Smithtown

NY

11787

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

italo@zanzi2006.com

ryan@zanzi2006.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.zanzi2006.com

COMMITTEE'S FAX NUMBER

2. DATE

03 / 03 / 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

RYAN ADRIAN MORFIN

Signature of Treasurer

Date

03 / 03 / 2006

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)

2603991211

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 Italo Zanzi

Candidate Party Affiliation REP Office Sought: House Senate President State NY District 01

- (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

None

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

2603901312

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 Ryan Adrian Morfin

Mailing Address 39 Schermerhorn St.
Apt. 3
Brooklyn NY 11201

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 917-674-2701

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 Ryan Adrian Morfin

Mailing Address 39 Schermerhorn St.
Apt. 3
Brooklyn NY 11201

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 917-674-2701

Full Name of Designated Agent Aloke Agarwal

Mailing Address 59-11 Queens Blvd.
Apt. 1B
Woodside NY 11377

Title or Position Assistant Treasurer CITY STATE ZIP CODE

Telephone number 917-319-2423

2603901414

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.

North Fork Bank

Mailing Address

1166 Avenue of the Americas

New York

NY

10036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2603901314

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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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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

SLI
 PREPARER
 (3/2005)

3/15/06
 DATE PREPARED

2603901515