24038610361

FEC MAIL
CENTER

2004 NOV -1 A 9:08

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. C2FE4M5

SENATE DEMOCRATIC MAJORITY (NEW JERSEY STATE SENATE)

ADDRESS (number and street) (Check if address is changed) x

196 WEST STATE STREET

TRENTON | NJ | 08608

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE FAX NUMBER

609 - 396 - 4778

2. DATE 10 08 2004

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 PETER CAMMARANO

Signature of Treasurer Peter F. Cammarano Date 10 08 2004

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 02/2002)

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

Candidate Party Affiliation | Office Sought: House | Senate | President | State / 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) X 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

Name of Type Committee Name

SENATE DEMOCRATIC MAJORITY (NEW JERSEY STATE 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: PETER CAMMARANO

Mailing Address: 196 WEST STATE STREET

TRENTON | NJ | 08608

Title or Position*: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 609 | 392 | 3367

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: PETER CAMMARANO

Mailing Address: 196 WEST STATE STREET

TRENTON | NJ | 08608

Title or Position*: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 609 | 392 | 3367

Full Name of Designated Agent: PETER CAMMARANO

Mailing Address: 196 WEST STATE STREET

TRENTON | NJ | 08608

Title or Position*: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 609 | 392 | 3367

3. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, or in which it has safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

FLEET BANK

Mailing Address 150 WEST STATE STREET

TRENTON | NJ | 08608

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

24038610365

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.

Date of Receipt

☐ Hand Delivered

Postmarked

☑ USPS First Class Mail 10-27-04

Postmarked (R/C)

☐ USPS Registered/Certified

Postmarked

☐ USPS Priority Mail

Delivery Confirmation ™ Label ☐

Postmarked

☐ USPS Express Mail

☐ Postmark Illegible

☐ No Postmark

Shipping Date

☐ Overnight Delivery Service (Specify):

Date of Receipt

☐ Received from House Records & Registration Office

Date of Receipt

☐ Received from Senate Public Records Office

Date of Receipt

☐ Received from Electronic Filing Office

Date of Receipt or Postmarked

☐ Other (Specify):

PREPARER

11-1-04

DATE PREPARED

(5/2004)