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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

RUSSELL FOR CONGRESS

ADDRESS (number and street)

288 SHERMAN AVE

(Check if address
is changed)

HAWTHORNE

NY

10532-1712

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jimerrussellforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.russellforcongress.com

COMMITTEE'S FAX NUMBER

914-747-7385

2. DATE

06 01 2006

3. FEC IDENTIFICATION NUMBER ►

C00428292

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

JAMES RUSSELL

Signature of Treasurer

James Russell

Date

10 12 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)

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

JAMES RUSSELL

Candidate
Party Affiliation

REP

Office
Sought:

House



Senate



President

State

NY

District

18

- (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

Write or Type Committee Name

RUSSELL 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

JAMES RUSSELL

Mailing Address

288 SHERMAN AVE

HAWTHORNE

NY

10532-1912

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

914-747-7355

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

JAMES RUSSELL

Mailing Address

288 SHERMAN AVE

HAWTHORNE

NY

10532-1912

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

914-747-7355

Full Name of
Designated
Agent

Mailing Address

Title or Position▼

CITY ▲

STATE ▲

ZIP CODE ▲

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 NORTH

Mailing Address

19 COURT ST

WHITE PLAINS

NY

10601-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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☐ Received from Electronic Filing Office	Date of Receipt
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JE
PREPARER
(3/2005)

10/24/06
DATE PREPARED

200609260710