

The Corzine Committee

SECRETARY OF THE SENATE
02 JUL -8 PM 1:12

June 26, 2002

Office of Public Records
P.O. Box 5109
Alexandria, VA 22301-0109

Reference: FEC ID# C00366328
Amended Form 1, Statement of Organization

To Whom It May Concern:

Enclosed please find 2 copies of an Amended FEC Form 1 (Statement of Organization) for The Corzine Committee, Inc. Please stamp one copy and return it to the address below. If you have any questions, please do not hesitate to contact me at 973-643-0500.

Thank you.

Very Truly Yours,



Scott Stein
Director of Compliance

1 Gateway Center, Suite 1102, Newark, New Jersey 07102

Phone: 973-643-0500 • Fax: 973-643-6468

Paid for by The Corzine Committee



FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
02 JUL -9 PM 1:12
Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

The Corzine Committee, Inc.

ADDRESS (number and street)

P.O. Box 200419

(Check if address is changed)

One Riverfront Plaza

Newark

NJ

07102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ndunlap@votacorzine.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.votacorzine.org

2. DATE

06 / 26 / 2002

3. FEC IDENTIFICATION NUMBER

C00366326

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 Nancy Dunlap

Signature of Treasurer *Nancy M. Dunlap* Date 06 / 26 / 2002

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9670
Local 202-694-1161

FEC FORM 1
(Revised 1/2001)

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 Jon S. Corzine

Candidate Party Affiliation Office Sought: House Senate President State NJ 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) 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

Corzine 2002 Victory Fund

Mailing Address P.O. Box 200419
One Riverfront Plaza
Newark NJ 07102
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising

Type of Connected Organization:

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

Write or Type Committee Name

The Corzine Committee, Inc.

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 Nancy Dunlap

Mailing Address P.O. Box 200419
One Riverfront Plaza
Newark NJ 07102 -

Title or Position Treasurer CITY Newark STATE NJ ZIP CODE 07102 -

Telephone number 973 - 643 - 0500

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 Nancy Dunlap

Mailing Address P.O. Box 200419
One Riverfront Plaza
Newark NJ 07102 -

Title or Position Treasurer CITY Newark STATE NJ ZIP CODE 07102 -

Telephone number 973 - 643 - 0500

Full Name of Designated Agent _____

Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Corzine New Jersey Victory Fund

Mailing Address

P.O. Box 200419

One Riverfront Plaza

Newark NJ 07102

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint Fundraising

Type of Connected Organization:

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

JERI THOMPSON
SECRETARY

PAMELA H. GARDIN
CLERK/ATTENDANT
HARI DUTTA
Suite 202
WASHINGTON DC 20540-7116
Phone: 202-724-3222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

FIRST CLASS MAIL 7-01-02
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS

 Postmark and/or Date of Receipt

RD

Preparer

7-08-02

Date Prepared

2002 JUL 08 10 52 AM