

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED  
FEC MAIL ROOM**

2000 JUL 17 P. 1:49

1. (a) NAME OF COMMITTEE OR FULL <input type="checkbox"/> (Check if name is changed) <b>Connelly For Congress</b>	2. DATE <b>7/12/00</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>PO BOX 280</b>	3. FEC Identification Number <b>18NT07066</b>
(c) City, State and ZIP Code <b>Farmwood, NJ 07023</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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<br><b>Maryanne Connelly</b> | Candidate Party Affiliation<br><b>Democrat</b> | Office Sought<br><b>Congress</b> | State/District<br><b>NJ-07</b> |
|---|--|----------------------------------|--------------------------------|
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

**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 <b>Sujata Tewari</b>	Mailing Address <b>PO BOX 280, Farmwood, NJ 07023</b>	Title or Position <b>Campaign Manager</b>
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**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 <b>Louis Beckerman</b>	Mailing Address <b>3 Highlander Drive Scotch Plains, NJ 07076</b>	Title or Position <b>Treasurer</b>
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**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. <b>First Union National Bank</b>	Mailing Address and ZIP Code <b>460 Park Avenue, Scotch Plains NJ 07076</b>
<b>Nations Bank</b>	<b>1501 Pennsylvania Avenue, NW Washington DC 20005</b>

*new* →

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 <b>Louis Beckerman</b>	SIGNATURE OF TREASURER 	DATE <b>7/13/2000</b>
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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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 7-13-00
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JL</i> PREPARER	7-17-00 DATE PREPARED