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

Border Control & Fair Trade - Elect McLeod to Congress

ADDRESS (number and street) 226 Maple Place

P.O. Box 226

☐ (Check if address is changed)

Keyport NJ 07735-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

quadrireme@verizon.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bobmcleodforcongress.org

www.monmouthcountyrepublicanparty.org/documents/61.html

COMMITTEE'S FAX NUMBER

732-335-9808

2. DATE 09 22 2008

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 Robert E. McLeod

Signature of Treasurer Robert E McLeod Date 09 22 2008

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

(a) [X] 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: Robert E. McLeod

Candidate Party Affiliation: Rep.

Office Sought: [X] House [ ] Senate [ ] President

State: NJ

District: 06

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate:

Party Committee:

(d) [ ] This committee is a [ ] (National, State or subordinate) committee of the [ ] (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

(e) [ ] This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

(f) [ ] This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

[ ] In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

(g) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(h) [ ] This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C
5. FEC ID number C

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Write or Type Committee Name

Border Control & Fair Trade - Elect McLeod to Congress

6. **Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative**

None

Mailing Address

CITY STATE ZIP CODE

Relationship:

☐ Connected Organization ☐ Affiliated Committee ☐ Leadership PAC Sponsor ☐ Joint Fundraising Representative

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: Robert E. McLeod

Mailing Address: 226 Maple Place
P.O. Box 226
Keyport NJ 07735

CITY STATE ZIP CODE

Title or Position: Candidate-Treasurer

Telephone number: 732-739-4194

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: Robert E. McLeod

Mailing Address: 226 Maple Place
P.O. Box 226
Keyport NJ 07735

CITY STATE ZIP CODE

Title or Position: Candidate-Treasurer

Telephone number: 732-739-4194

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Full Name of Designated Agent: Robert E. McLeod

Mailing Address: 226 Maple Place
P.O. Box 226
Keyport NJ 07735-

CITY STATE ZIP CODE

Title or Position: Candidate-Treasurer

Telephone number: 732-739-4194

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.

Sovereign Bank

Mailing Address: 43 Main Street
Keyport NJ 07735-

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

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Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 9/26/08

(3/2005)

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