FEC FORM 1	STATEMEN ORGANIZ		Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Steve Rothmar	for New Jersey,	, Inc.	
ADDRESS (number and street)	P.O. Box 714		
(Check if address is changed)	Hackensack		NJ 07602
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDR (Check if address is changed)	ESS (Please provide only one e- CD9th@aol.com	•mail address)	
COMMITTEE'S WEB PAGE A	DDRESS (URL)		
(Check if address is changed)			
2. DATE 04	05 / Y Y Y Y 2012		
3. FEC IDENTIFICATION	NUMBER C CC	00313494	
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)	
I certify that I have examined Type or Print Name of Treasu	this Statement and to the best rer Bart Mongelli	of my knowledge and belief i	it is true, correct and complete.
Signature of Treasurer	Mongelli	[Electronically Filed]	Date 04 05 2012
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATIO		this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

04/05/2012 10 : 12

PAGE 1/5

Candidate Party Affiliation DEM Office Sought: House Senate President District O O O O O O O O O O O O O O O O O O O		FEC Fo	rm 1 (Revised 02/2009)	Page 2
(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 balow.) Name of Candidate DEM Office State Name of Candidate Party Affiliation DEM Office State Name of Candidate (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Optimizet: (d) This committee is a NAT				-
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Steven R Rothman Candidate DEM Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate State Note Party Committee: (National, State (Democratic, Republican, etc.) Par Political Action Committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization Cooperative (e) This committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization Cooperative (f) This committee is a separate segregated fund. (identify connected organization on line 6.) Its connected organization Cooperative (g) This committee is a Lobbyist/Registrant PAC. In addition, this committee is a Lobbyist/Registrant PAC. (f) This committee collects contributions, pays fundralising expenses and disburses net proceeds for two or more political committee or a defauit candidate. (g) This committee collects contributions, pays fundralising expenses and disburses net proceeds for two or more political committee of a federal candidate. (h) This committee collects contribut	Car	ndidate	e Committee:	
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3.		1.	FEC ID number	
		2.	FEC ID number	
4. FEC ID number		3.	FEC ID number	
		4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Steve Rothman for New Jersey, Inc.

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

L				
	Mailing Address			
		CITY	STAT	E ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	tify by name, address (phone number op	tional) and position of t	he person in possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the ssistant treasurer).	treasurer of the comm	ittee; and the name and address of
	Full Name Bart Monge of Treasurer	11i 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
	Mailing Address	3 Blueberry Hill		
		Upper Saddle River	NJ STATE	
L	Title or Position Treasurer		Telephone number	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																		I										
Mailing Address																												
																					L							
								CI	ΓY								ST/	λΤΕ					ZI	ΡC	DE			
Title or Position																												
												Tel	eph	ione	e ni	umt	ber											

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.

1 1

New York

T	
Mailing Address	111 River Street
	Hackensack
	CITY STATE ZIP CODE
Name of Bank, Depo	sitory, etc.
М	organ Stanley
Mailing Address	Park Ave Plaza

1

CITY

NY

STATE

ZIP CODE

10055

Image# 12951351483

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011)

Page 5

safety deposit boxes or mai Name of Bank, Depository,		[ADDITIONAL]
∣ Wawe	əl Bank		
Mailing Address	104 Main Ave		
	Wallington		⁰⁵⁷
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connected (Drganization, Affiliated Committee, Joint Fundraising F	Representative, or Leade	ADDITIONA
	· 		
Mailing Address			
otionohin	CITY	STATE 📥	ZIP CODE 📥
ationship: Connected Organization	Affiliated Committee Joint Fundraising F	epresentative Lead	ership PAC Sponsor
Decimented Amont			[ADDITIONAL]
Designated Agent Full Name			
Mailing Address			
Title or Position	CITY 🌢	STATE	ZIP CODE 🖨
	Teler	bhone number	
	·		[ADDITIONAL]
Joint Fundraiser Participa			- 4