

SECRETARY OF THE SENATE
05 MAY 25 AM 10:48

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.

12FB4M5

GINTY FOR SENATE

ADDRESS (number and street)

PO BOX 110

(Check if address is changed)

RIDGEWOOD

NY

07851-0110

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

GINTYFORSENATE@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.GINTYFORSENATE.ORG

COMMITTEE'S FAX NUMBER

201-818-0690

2. DATE

05 22 2006

3. FEC IDENTIFICATION NUMBER ▶

C

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

JOSEPH TAMANELLI

Signature of Treasurer

Date

05 22 2006

NOTE: Submission of false, erroneous, 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				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

25020332494

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 JOHN PAUL GIMTY

Candidate Party Affiliation REP Office Sought: House Senate President State NY 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

Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

26020332485

Write or Type Committee Name

6 INTY FOR SENATE

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 JOSEPH H. TORANELLI

Mailing Address 614 BLUE RIDGE LANE

MANHATT NJ 07430

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 201-327-8088

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 JOSEPH H. TORANELLI

Mailing Address 614 BLUE RIDGE LANE

MANHATT NJ 07430

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 201-327-8088

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

26020332486

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.

COMMERCE BANK/NORTH

Mailing Address

1100 LAKE STREET

RAMSEY NJ 07446-1775

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26020332497

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FOR POST



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Address: 222 Hart Senate Office Building
Washington DC 20510

By: Washington DC 20510

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United States Senate

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