

Bergen Cares

October 15, 2014

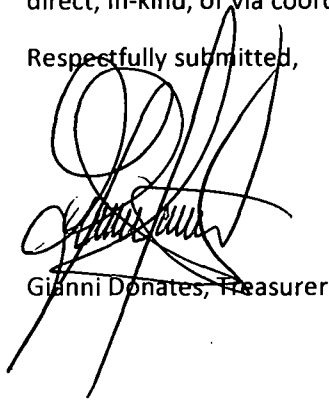
Federal Election Commission 999 E Street, NW Washington, DC 20463

RE: Form 1, Statement of Organization - Unlimited Contributions

To Whom It May Concern:

This political committee intends to make independent expenditures and, consistent with the U.S Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. The committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Gianni Donates", is written over the typed name. The signature is stylized and somewhat illegible.

Gianni Donates, Treasurer

RECEIVED

2014 OCT 17 AM 11:36

FEC MAIL CENTER

FORM 1-N-1300A

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BERGEN CARES

ADDRESS (number and street)

1300 PENNSYLVANIA AVE NW #190-630

(Check if address is changed)

WASHINGTON

CITY

DC

STATE

20004-3002

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

GIANNI@ATG3.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

10 / 11 / 2014

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

GIANNI DONATES

Signature of Treasurer

Gianni Donates

Date

10 / 11 / 2014

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.

Office Use Only

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

FEC FORM 1 (Revised 06/2012)

FROM: 11/11/13 11:30:00

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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 _____

FROM: 11-11-2009

Write or Type Committee Name

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

NONE

Mailing Address

[Empty address lines]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

ABNER BONILLA

Mailing Address

521 MAGIE AVE

[Empty address line]

ELIZABETH NJ 07208-1602

Title or Position

CITY

STATE

ZIP CODE

CHAIRMAN

Telephone number 973-954-7242

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

GIANNI DONATES

Mailing Address

3 FRANK E RODGERS BLVD N

[Empty address line]

HARRISON NJ 07029-1421

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 973-350-8600

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] [] [] - []

CITY

STATE

ZIP CODE

Title or Position

[]

Telephone number

[] - [] - []

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.

T D BANK

Mailing Address

4 5 4 RIDGE RD

[]

NORTH ARLINGTON NJ 0 7 0 3 1 - 5 3 1 6

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[]

Mailing Address

[]

[]

[] [] [] - []

CITY

STATE

ZIP CODE

2009-11-11 11:00:00

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Please Rush To Addressee

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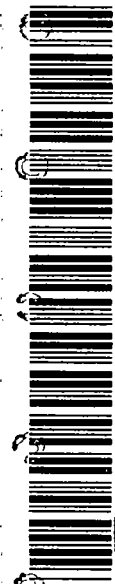
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 BERGEN CARES #
 1300 PENNSYLVANIA AVE, N.W. 190-63
 WASHINGTON DC, 20004 - 3002

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- 10:30 AM Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ()
 FEDERAL ELECTION COMMISSION
 999 E STREET N.W.
 WASHINGTON DC, 20463

ZIP + 4 (U.S. ADDRESSES ONLY)

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

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1007



PLEASE NOTE:

When used internationally affix customs declarations (PS Form 2976, or 2976A).

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ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 07629	Scheduled Delivery Date (MM/DD/YYYY) 10-17-14	Postage \$ 19.99	Insurance Fee \$
Date Accepted (MM/DD/YYYY) 10-16-14	Scheduled Delivery Time <input checked="" type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	Return Receipt Fee \$	COD Fee \$
Time Accepted 11:08 AM	10:30 AM Delivery Fee \$	Live Animal Transportation Fee \$	Total Postage & Fees \$ 19.99
Weight 2.9 lbs.	Sunday/Holiday Premium Fee \$	Acceptance Employee Initials GMR	
	Flat Rate \$	Employee Signature	
		Employee Signature	



PS1000100006


3-ADDRESSEE COPY

PSN 7690-02-000-9986

LABEL 11-8, JANUARY 2014

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC 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"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10/16/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(8/2013)

10/17/14
DATE PREPARED

10/24/14 11:04 AM