

FEC FORM 1

STATEMENT OF ORGANIZATION

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2016 MAR -7 AM 7:12

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

God

ADDRESS (number and street)

2381 Hylan Blvd



(Check if address is changed)

STATEN ISLAND

CITY ▲

NY

STATE ▲

110306

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

JOSEPH.FITZGERALDKENNEDY@GMAIL.COM

Optional Second E-Mail Address

JESUSCHRISTPUPPETEER@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

01 / 04 / 2016

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

God

Signature of Treasurer

God

Date

01 / 04 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

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)

NON-PROFIT ORGANIZATION

Write or Type Committee Name FEDERAL TAX ID: 383-41-5136 MICHIGAN STATE
"JEWISH FAMILIES AND CHILDREN'S SERVICES"

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

Mailing Address

P.O. BOX 61252

STATEN ISLAND

NY

10306

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

God

Mailing Address

P.O. BOX 61252

STATEN ISLAND

NY

10306

Title or Position

CITY

STATE

ZIP CODE

PRESIDENT

Telephone number

202-309-7874

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

God

Mailing Address

P.O. BOX 61252

STATEN ISLAND

NY

10306

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT

Telephone number

_____-_____-_____

NON-PROFIT ORGANIZATION

Full Name of Designated Agent

God

Mailing Address

P.O. Box 61252

STATEN ISLAND

NY

10306-

CITY

STATE

ZIP CODE

Title or Position

PRESIDENT

Telephone number

347-524-5569

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.

BUSINESS ACCOUNT

2921062208

"SANTANDER" BANK #

Mailing Address

P.O. Box 61252

STATEN ISLAND

NY

10306-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

BUSINESS ACCOULT

7527939229

"CAPITAL ONE" BANK

Mailing Address

P.O. BOX 61252

STATE ISLAND

NY

10306-

CITY

STATE

ZIP CODE

NON-FEDERAL CAMPAIGN DISBURSMENT

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 God

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

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

Name of Candidate God

Party Committee:

(d) This committee is a REP (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.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

2010-01-01 10:00:00

Good

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NOV 10 10 00 AM '16
NEW YORK NY 10017
22 FEB 2016 PM 7

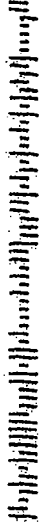


Federal Election
Commission

999 E STREET, NY

WASHINGTON, DC-20463

20463



Federal Election Commission
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 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
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Postmarked 2/22/16	3/7/16
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<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

3/7/16
 DATE PREPARED

NON-IDENTIFICATION INFORMATION