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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. 12FE4M5

ROBPASTORE COMMITTEE AKA
ROBPASTORE4CONGRESS COMMITTEE

ADDRESS (number and street) 9726 FRANKLIN PARKWAY

(Check if address is changed)

MUNSTER | IN | 46321-

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed) rob@robpastore4congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.robpastore4congress.com

2. DATE 02 04 2010

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 Vicki Pastore

Signature of Treasurer Vicki Pastore Date 02 04 2010

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 02/2009)

10030261516

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: ROBERT A. PASTORE

Candidate Party Affiliation: REPUBLICAN

Office Sought: ✓ House Senate President

State: NY

District: 01

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

Name of Candidate: ROBERT A PASTORE

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

10030261517

Write or Type Committee Name

robpastore committee AKA robpastore 4congress committee

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

Mailing Address

CITY STATE ZIP CODE

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

10030261518

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 PASTORE

Mailing Address: 231-173rd STREET

HAMMOND | IN | 46324

CITY STATE ZIP CODE

Title or Position: CHAIRMAN

Telephone number: 219-931-4368

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: VICKI PASTORE

Mailing Address: 231-173rd St.

HAMMOND | IN | 46324

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 219-931-3299

Full Name of Designated Agent: ROBERT A. PASTORE

Mailing Address: 231-173rd STREET

HAMMOND | IN | 46324-

CITY | STATE | ZIP CODE

Title or Position: CHAIRMAN

Telephone number: 219-712-0488

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.

ILLIANA FINANCIAL CREDIT UNION

Mailing Address: 1600 HUNTINGTON DRIVE

CALUMET CITY | IL | 60409-

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY | STATE | ZIP CODE

10030261519

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.

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☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 3/1/10

(3/2005)

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