PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Rush Holt for Congress PO Box 782 ADDRESS (number and street) (Check if address is changed) Pennington 08534 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sarah@rushholt.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00313684 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Pamela H. Mount Type or Print Name of Treasurer Pamela H. Mount [Electronically Filed] 05 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		COMMITTEE	
Can	didate	e Committee:	
(a)	X	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. (Cominformation below.)	plete the candidate
Name Cand	e of didate	Rush D. Holt	<u> </u>
	didate	Office Sought: Y House Senate President	State
Party	/ Affiliati	on DEM Sought: X House Senate President	District 12
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of didate		
Part	ty Con	nmittee:	
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Rush Holt for Co	ongress	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
Rocket PAC		
	<u>                                     </u>	
	PO Box 439	
Mailing Address		
	Pennington NJ 08534	
	CITY STATE Z	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative X Lead	dership PAC Sponso
Custodian of Records: Identi books and records.	tify by name, address (phone number optional) and position of the person in poss	ession of committed
Sarah A. Si	teward	
	PO Box 782	
Mailing Address		
	Pennington , NJ , 08534	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer		99   -   0800
Treasurer: List the name and any designated agent (e.g., as	l address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	ne and address of
any designated agent (e.g., a		
Full Name Pamela H. I	Mount	
Full Name Pamela H. I	Mount  PO Box 782	
Full Name Pamela H. I		
Full Name Pamela H. I		
Full Name Pamela H. I	PO Box 782  Pennington NJ 08534	IP CODE

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	]
	ositories: List all banks or other depositories in which the committee deposits fund	
safety deposit boxes of Name of Bank, Deposit		
Name of Bank, Deposi		
Name of Bank, Deposi	itory, etc.	
Name of Bank, Deposi	itory, etc.  IC Bank	
Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road	8550
Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road	8550 ZIP CODE
Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road  West Windsor Township  NJ  O  CITY  STATE	
Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road  West Windsor Township  NJ  O  CITY  STATE	
Name of Bank, Deposi  PN  Mailing Address  Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road  West Windsor Township  NJ  O  CITY  STATE	
Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road  West Windsor Township  NJ  O  CITY  STATE	
Name of Bank, Deposi  PN  Mailing Address  Name of Bank, Deposi	IC Bank  38 Princeton Hightstown Road  West Windsor Township  NJ  O  CITY  STATE	