

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
FEC MAIL CENTER

2008 Office Use Only: 12

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

Stronger Foundations Inc.

c/o Corporation Service Company

ADDRESS (number and street)

100 Charles Ewing Blvd Suite 160

☐

(Check if address  
is changed)

Ewing

CITY ▲

NJ

STATE ▲

08628

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

buildstrongerfoundations@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

MM / DD / YYYY  
02 / 20 / 2020

02

20

2020

3. FEC IDENTIFICATION NUMBER ►

C 00678623

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

Andrew Dipalma

Signature of Treasurer

*Andrew Dipalma*

Date

MM / DD / YYYY  
02 / 20 / 2020

20

2020

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.

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

**FEC FORM 1**  
(Revised 06/2012)

**Candidate Committee:**

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

**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

- |                   |                  |       |          |
|-------------------|------------------|-------|----------|
| Full Name         | Andrew Dipalma   |       |          |
| Mailing Address   | PO Box 751       |       |          |
|                   |                  |       |          |
|                   | Rahway           | NJ    | 07065    |
| Title or Position | CITY             | STATE | ZIP CODE |
| Treasurer         | Telephone number |       |          |

- |                           |                |  |  |  |  |                  |  |          |  |   |  |
|---------------------------|----------------|--|--|--|--|------------------|--|----------|--|---|--|
| Full Name<br>of Treasurer | Andrew Dipalma |  |  |  |  |                  |  |          |  |   |  |
| Mailing Address           | PO Box 751     |  |  |  |  |                  |  |          |  |   |  |
|                           |                |  |  |  |  |                  |  |          |  |   |  |
|                           | Rahway         |  |  |  |  | NJ               |  | 07065    |  | - |  |
|                           | CITY           |  |  |  |  | STATE            |  | ZIP CODE |  |   |  |
| Title or Position         |                |  |  |  |  |                  |  |          |  |   |  |
| Treasurer                 |                |  |  |  |  | Telephone number |  |          |  |   |  |
|                           |                |  |  |  |  |                  |  |          |  |   |  |

Full Name of  
Designated  
Agent

Mailing Address

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.

Investors Bank

Mailing Address

193 Morris Avenue

Springfield

NJ

07081

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Stronger Foundations, Inc.

Mailing Address

c/o Corporation Service Company

100 Charles Ewing Blvd Suite 160

Ewing

NJ

08628

CITY

STATE

ZIP CODE

## 5(g) or (h). Joint Fundraising Participant:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

☐

Connected Organization

☐

Affiliated Committee

☐

Joint Fundraising Representative

☐

Leadership PAC Sponsor

## 8. Designated Agent: Identify by name, address (phone number – optional)

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

\_\_\_\_\_  
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.

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

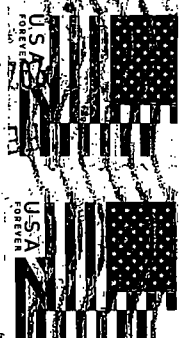
STATE ▲

ZIP CODE ▲

Stronger Foundations  
P.O. Box 751  
Rahway, NJ 07065

BY DANIELS NJ030

24 FEB 2000 PM 9:11

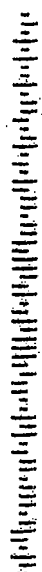


5-12

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