		RECEIVED FEC MAIL CEN	TER
		2010 JAN -6 PM 1	: 35
FEC FORM 1	STATEMENT OF ORGANIZATION	Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, the second secon	vpe 12FE4M5	- menter
NEW 5025EY	REPUBLICAN PROLI	E CORLITIO	
ADDRESS (number and street)			
(Check if address	231 NORTH AVE W	<u> </u>	
is changed)	WESTFILD	MJ 0.70	39.0-
	CITY	STATE	ZIP CODE
COMMITTEE'S WEB PAGE AD (Check if address is changed) 2. DATE	DRESS (URL) <u> <u></u><u><u><u></u><u><u></u><u></u><u><u></u><u></u><u></u><u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u></u></u></u></u></u>		
3. FEC IDENTIFICATION N	UMBER C 00394700	■ . <b>2</b> ∦ xx	
4. IS THIS STATEMENT		) (A)	
I certify that I have examined t	his Statement and to the best of my knowledge and	belief it is true, correct and co	mplete.
Type or Print Name of Treasure Signature of Treasurer	FRITH WILLIS,	Date 0./ 2	4 2610
NOTE: Submission of false, erron	eous, or incomplete information may subject the person a		alties of 2 U.S.C. §437g.
Office Use Only	For further Inform Federal Election ( Toll Free 800-424 Local 202-694-11	Commission <b>FE</b> -9530 (R	EC FORM 1 levised 02/2009)

FEC Form 1 (Revised 02/2009)

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5.	TYPE	OF C	OMMITTEE
	Can	didate	e 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 Cand		
	Candi Party	idate Affiliati	on Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		$\mathbf{L} + \mathbf{L} + $
	Part	v Con	nmittee:
	(d)		This committee is a (National, State (Democratic, This committee is a Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	$\checkmark$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(-)	Ciston of	
			Corporation Corporation w/o Capital Stock
			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	Fund	Iraising 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)	<u>.</u>	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.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	FEC ID number
		4.	
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. . .

Telephone number 520 - 783 - 530

N

STATE

17090-

ZIP CODE

Write or Type Committee Name

Mailing Address

Title or Position

TREASURER

NEW JEASEY REPUBLICAN PROLIFE CONLITION

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

	,		
NEW DERSE	REPUBLICAN PROL	145 40241	1111 hqut
Mailing Address			
	2311 NORTH RUE 4	4341	
	KUESTA1ELO	STATE	2990-
Relationship: Conner	cted Organization Affiliated Committee	nt Fundraising Representativ	ve Leadership PAC Sponsor
7. Custodian of Records: I books and records.	dentify by name, address (phone number option	nal) and position of the per	son in possession of committee
Full Name	VIEL FIGHAR		<u>, , , , , , , , , , , </u>
Mailing Address		<u>4 i         1   1   </u>	
	231 NORTH AVE U	1 #341	
	MESTF15LO		0,70,90 -
Title or Position	CITY	STATE	ZIP CODE
ASSISTAN	TITREAS NAER	elephone number	70-1758-5830
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the tro	easurer of the committee; a	nd the name and address of
Full Name of Treasurer	TH WILLIS	<u>! i   _l , l , i i _l   .</u>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

231 NORTH RUE W #341

CITY

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FEC	Form	1 /	Dovicod	02/2009)
FEU	<b>FOUR</b>		neviseu	02/2009)

Full Name of Designated Agent	OPNNIEL RCLARK
Mailing Address	
	231 NO PT H AVE W #341
	WESTRIELD 07090-
	CITY STATE ZIP CODE
Title or Position パッシュリタイ	$T_{A_i} N_{T_{i-1}} T_{i} \mathcal{L}_{\mathcal{B}_i} \mathcal{L}_{i} \mathcal{L}_{$

Page 4

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.

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## 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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USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): VPS Ground	Shipping Date
Next-Business-I	Day-Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Rec	eipt or Postmarked
R	1/6/10
PREPARER	DATE PREPARED