

FEC
FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

NEERAJ NIGAM FOR CONGRESS

ADDRESS (number and street)

2005 IN AMELIA ST

(Check if address
is changed)

STERLING

VIA

20164-3511

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ALOKONEERAJNIGAMFORCONGRESS.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.NEERAJNIGAMFORCONGRESS.ORG

COMMITTEE'S FAX NUMBER

703-404-3864

2. DATE

09 30 2006

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

X

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

ALOK NIGAM

Signature of Treasurer

Alok C. Nigam

Date

10 12 2006

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 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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

NEERAJ NIGAM

Candidate
Party Affiliation

IND

Office
Sought☒

House

Senate

President

State

VA

District

16

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

Name of
Candidate

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) ☐ This committee is a separate segregated fund.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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 ALOK NIGAM

Mailing Address 200 S. N. AMELIA ST.

STERLING, N.J. V.A. 2016-4-3510

Title or Position▼	CITY▲	STATE▲	ZIP CODE▲
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TREASURER _____ Telephone number _____

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 A L O I C N I L G A M

Mailing Address 2005 N AMELIA ST

STERLING, VA 20164-3511

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
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TREASURY _____ Telephone number _____

Full Name of Designated Agent

Mailing Address

Title or Position▼	CITY▲	STATE▲	ZIP CODE▲
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										Telephone number										E-mail									
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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.

BANK OF AMERICA

Mailing Address

P.O. BOX 25118

TAMPA

FL

33622-5118

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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 PREPARER	10/16/06 DATE PREPARED

(3/2005)

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