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**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12BB4M5

SOARIES FOR CONGRESS

ADDRESS (number and street)

C/O RONALD GRAVINO

(Check if address is changed)

PO BOX 225

COLONIA

NJ

07067

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01

28

2002

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

Ronald R. Gravino

Signature of Treasurer

*Ronald R. Gravino*

Date

01

28

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9630  
Local 202-454-1100

**FEC FORM 1**  
(Revised 1/01)

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 DeForest B. Soaries, Jr.

Candidate Party Affiliation  REP Office Sought:  House  Senate  President State  NJ District  12

- (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

Soaries for Congress

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 | Ronald Grayino |

Mailing Address | PO Box 225 |

| |

| Colonia | NJ | 07067 |

Title or Position | CITY | STATE | ZIP CODE

Treasurer | Telephone number | 732 | - | 248 | - | 4178 |

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 | Ronald Grayino |

Mailing Address | PO, Box 225 |

| |

| Colonia | NJ | 07067 |

Title or Position | CITY | STATE | ZIP CODE

Treasurer | Telephone number | 732 | - | 248 | - | 4178 |

Full Name of Designated Agent | |

Mailing Address | |

| |

| |

Title or Position | CITY | STATE | ZIP CODE

| Telephone number | | - | | - | |

B. 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.

Commerce National Bank

Mailing Address

76 Gilbert Street

Tinton Falls,

N J

07701

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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