FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instructi						Offic	e use only		
NAME OF COMMITTEE (in	n full)	(Check if name is changed)		nple: If typying the lines	, type	12FE	4M5	Office	e use only		
Committee T	o Elect Carol	Gay					<u> </u>	<u> </u>			لـــــا
							ш	ш	ш		لـــــا
ADDRESS (number and	d street)	19 Main Street				11	Ш	Ш			ш
(Check if add	Iress						ш	ш		لللل	
is changed)		Toms River			ш	ŊJ		Ш	08753		435
	AU ADDD500		CITY			STATE	•		ZIP (	CODE 4	<b>.</b>
committee's e-mail ipwmuddy@a											1
							Ш	Щ			
COMMITTEE'S WEE	S PAGE ADDRES	55 (URL)									
					Ш		Щ	Щ	ш	للل	шШ
							Щ	щ	ш	للل	لـــــا
COMMITTEE'S FAX 7323417452	NUMBER	ш									
2. DATE <b>M</b>	M / D D D 2 2	7									
3. FEC IDENTIFIC	ATION NUMBER	?	C C00	424036							
4. IS THIS STATE	MENT X	NEW (N) OR		AMEND	ED (A)						
I certify that I have exam	nined this Stateme	nt and to the best of my kn	owledge an	d belief it is true	e, correct an	d comple	te				
Type or Print Name o	f Treasurer	John P Wauters	<b>3</b>								
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
Signature of Treasure	er El <u>ectronical</u>	y Filed by John P W	/auters			Date	<b>0</b> 1		<b>2</b> 3	/ Y	2 0 0 7 °
NOTE: Submission of f		incomplete information m	-		_				f 2 U.S.C.	S437g.	
Office Use Only				For further in Federal Election Toll Free 800- Local 202-694	on Commiss 424-9530			ı	FEC F		

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5.	TYPE OF COMMITTEE (Check One)	
	(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. (Complete the campaign committee)	andidate
	Name of Carol E Gay Candidate	
	Candidate Party Affiliation Office Sought: X House Senate President	State NJ District 04
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		emocratic, publican,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 fur committee.	nd or party
ô.	Name of Any Connected Organization or Affiliated Committee	
	Mailing Address	
	1	
		. 1 1 1
	CITY▲ STATE▲	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	on
	Membership Organization Trade Association Cooperative	

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Write or Type Commit	tee Name					
Committee To	<b>Elect Carol Gay</b>					
	ords: Identify by na ommittee books and	ame, address, (phone numb d records.	er optional), and po	sition of th	e person in	
Full Name	John P Wauters					
Mailing Address		19 Main Street				
		Toms River		<u>J</u>	08753	-
Title or Position ♥		CITY A	STA	TE▲	ZIP CO	DE 🛦
A	accountant		Telephone number	732	<b>341</b> . –	4793
name and addre	ess of any designated	d agent (e.g., assistant trea	surer).			
Full Name of Treasurer  Mailing Address	John P Wauters	19 Main Street				
of Treasurer	John P Wauters	19 Main Street  Toms River		J	08753 _	-
of Treasurer	John P Wauters		<del></del> -	<u>J</u>	08753 - ZIP CO	 DE <b>▲</b>
of Treasurer  Mailing Address  Title or Position ▼	John P Wauters	Toms River	<del></del> -			DE <b>▲</b>
of Treasurer  Mailing Address  Title or Position ▼		Toms River	STA	TE <b>≜</b>	ZIP CC	
of Treasurer  Mailing Address  Title or Position   T  Full Name of Designated	reasurer	Toms River	STA	TE <b>≜</b>	ZIP CC	
of Treasurer  Mailing Address  Title or Position   T  Full Name of Designated Agent	reasurer	Toms River  CITY A	STA	732	ZIP CC	
of Treasurer  Mailing Address  Title or Position   T  Full Name of Designated Agent	reasurer	Toms River  CITY A  120 Magnolia Avenue	STA Telephone number	732	ZIP CO	4793

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9.	Banks or Other Depositories: safety deposit boxes or maintair Name of Bank, Depository, etc.	ns funds.	nts, rents
	The Ba	nk of New York  20 Main Street	
		Toms River NJ 087	753
		CITY A STATE A ZI	P CODE △