

RECEIVED
FEDERAL ELECTION
COMMISSION
PLA DISCLOSURE
UNIT

2010 JUL 19 A 9:44

FRIENDS OF ASHER TAUB

2115 Avenue U
Brooklyn, NY 11229
(718) 891-1200
(718) 891-2274 (fax)

July 1, 2010

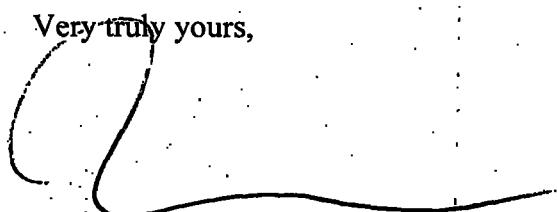
The Clerk U.S. House of Representatives
Legislative Resource Center
B106 Cannon House Office Building
Washington, DC 20515

Re: Friends of Asher Taub

Dear Sirs,

Enclosed please find the completed FEC forms in connection with the above referenced organization. Please be advised that it is the first time we have completed same, if there are any items needed, do not hesitate contacting the undersigned.

Very truly yours,


Asher E. Taub, Esq.

AET/mt
Enclosure: FEC forms

10030374780

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEDERAL ELECTION
COMMISSION
DISCLOSURE
DIVISION

2010 JUL 19 A 9:44

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF ASHER TAUB

ADDRESS (number and street)

2115 AVENUE U

(Check if address
is changed)

BROOKLYN

NY

11239-1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

VOTE4TAUB2010@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

2. DATE

06 30 2010

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT



NEW (N)



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

SAMUEL KUPFERSTEIN

Signature of Treasurer

Samuel Kupferstein

Date

06 30 2010

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 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 of Candidate

A S H E R E T A U B

Candidate Party Affiliation

R E P

Office Sought:

House

Senate

President

State

N Y

District

06

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

Name of Candidate

Party Committee:

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

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation Corporation w/o Capital Stock Labor Organization

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 Fundraising 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) 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.

Committees Participating in Joint Fundraiser

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

10030374782

Write or Type Committee Name

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

[REDACTED]

[REDACTED]

Mailing Address

[REDACTED]

[REDACTED]

[REDACTED]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

MERYL S. TAUB

Mailing Address

2115 Avenue U

BROOKLYN

NY

11229-1

Title or Position

CITY

STATE

ZIP CODE

Bookkeeper

Telephone number

718-1891-11200

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

SAMUEL RUPFERSTEIN

Mailing Address

8428 LEFFERTS BLVD

KEW GARDENS

NY

11415-1

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

718-1536-16736

Full Name of
Designated
Agent

Mailing Address

CITY

STATE

ZIP CODE

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.

CAPITAL ONE BANK

Mailing Address

2123 AVENUE U

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[REDACTED]

Mailing Address

[REDACTED]

CITY

STATE

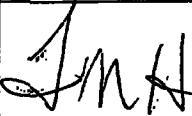
ZIP CODE

10030374784

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.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Postmarked
<input type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/>	USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label		<input type="checkbox"/>
<input type="checkbox"/>	USPS Express Mail	Postmarked
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery		<input type="checkbox"/>
<input checked="" type="checkbox"/>	Received from House Records & Registration Office	Date of Receipt 7/19/10
<input type="checkbox"/>	Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2005)		 DATE PREPARED 7/19/10

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