

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
2011 MAY 11 AM 8:06
FEC MAIL CENTER

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

ED POTOSNAK FOR CONGRESS

ADDRESS (number and street) PO BOX 984

(Check if address is changed)

SCOTCH PLAINS NJ 07076

CITY STATE ZIP CODE

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

(Check if address is changed) edpotosnakforcongress@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

M M / D D / Y Y Y Y

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 JOSEPH D. DANILE

Signature of Treasurer J. Danile Date 05 / 06 / 2011

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

11030603784

Write or Type Committee Name

ED POTOSNAK FOR CONGRESS

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

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

JOSEPH D DANILE

Mailing Address

PO BOX 6452

[Empty grid lines for mailing address]

SOMERSET NJ 08873

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

732-247-2960

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

JOSEPH D DANILE

Mailing Address

PO BOX 6452

[Empty grid lines for mailing address]

SOMERSET NJ 08873

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

732-247-2960

11030603786

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

CHASE BANK

Mailing Address

1605 US HWY 22

[Grid for Mailing Address Line 2]

WATCHUNG NJ 07069

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

11030603787

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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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
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R PREPARER *5/11/11* DATE PREPARED

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