

**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 12FE4M5

Carden for Congress

ADDRESS (Number and street) 147 Elmer Street

(Check if address is changed) Westfield NJ 07090

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 06 / 28 / 2002

3. FEC IDENTIFICATION NUMBER C00375626

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 Miriam Mitchell

Signature of Treasurer Electronically Filed by Miriam Mitchell Date 06 / 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

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 Tim L. Carden

Candidate Party Affiliation DEM Office Sought: House Senate President State NJ District 7

- (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

Corzine New Jersey Victory Fund

Mailing Address P.O. Box 200419

1 Riverfront Plaza

Newark NJ 07102

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Joint Fundraising

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

Garden 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 Miriam Mitchell

Mailing Address 147 Elmer Street

Westfield NJ 07090

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 908 317 9477

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 Miriam Mitchell

Mailing Address 147 Elmer St

Westfield NJ 07090

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 908 317 9477

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

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.

Bank of New York

Mailing Address

1 Riverfront Plaza

Newark

NJ

07102 -

CITY Δ

STATE Δ

ZIP CODE Δ