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MAY 13 12 23 PM '98

## **KIRNAN FOR CONGRESS**

130 Pompton Avenue  
Verona, New Jersey 07044  
973-571-9288 ★ Telexcopy 973-571-1603

April 30, 1998

Clerk of the House of Representatives  
Office of Records and Registration  
1036 Longworth Office Building  
Washington, D.C. 20515-6612

**Re: Kirnan for Congress**

Dear Sir/Madam:

Enclosed herewith please find FEC Form 1, Statement of Organization, with respect to my candidacy for the House of Representatives representing New Jersey's 8<sup>th</sup> Congressional District.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,



Matthew J. Kirnan

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |  |   |
|--|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) |  | RECEIVED<br>MAY 13 / 16 23 PM '98<br>4/30/98  |
| KIRWAN for Congress  |  |   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) |  | 3. FEC IDENTIFICATION NUMBER  |
| 49 Fells Road  |  |   |
| (c) City, State and ZIP Code   |  | 4. IS THIS STATEMENT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| VERONA, N.J. 07044   |  |   |

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 | Candidate Party Affiliation | Office Sought | State/District |
| MATTHEW J. KIRWAN | REPUBLICAN                  | House of Rep. | NJ/8           |

- (c) This committee supports/opposes only one candidate, \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|------------------------------|--------------|
| None.  |                              |              |

Type of Connected Organization

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

7. Classification of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

| Full Name       | Mailing Address                   | Title or Position |
|-----------------|-----------------------------------|-------------------|
| Kenneth McKenna | 12 Laurel Ct., VERONA, N.J. 07044 | TREASURER         |

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., election treasurer).

| Full Name       | Mailing Address                       | Title or Position |
|-----------------|---------------------------------------|-------------------|
| Kenneth McKenna | 12 LAUREL COURT<br>VERONA, N.J. 07044 | Treasurer         |

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. | Mailing Address and ZIP Code                |
|--------------------------------|---|
| FIRST UNION NATIONAL BANK      | 599 Bloomfield Avenue<br>VERONA, N.J. 07044 |

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 | SIGNATURE OF TREASURER | DATE    |
| Kenneth McKenna                 | Kenneth McKenna        | 4/30/98 |

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  
Tel: See 800-424-9530  
Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

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.

|  |   |
|--|---|
| <input type="checkbox"/> Hand Delivered  | Date of Receipt                               |
| <input type="checkbox"/> First Class Mail  | POSTMARKED                                    |
| <input type="checkbox"/> Registered/Certified Mail   | POSTMARKED                                    |
| <input type="checkbox"/> No Postmark   |   |
| <input type="checkbox"/> Postmark Illegible  |   |
| <input checked="" type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt<br><i>5-5-98</i>              |
| <input type="checkbox"/> Received from the Senate Office of Public Records                     | Date of Receipt                               |
| <input type="checkbox"/> Other ( Specify):   | Postmarked<br>_____<br>and/or Date of Receipt |
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| <i>JMU</i><br>PREPARER   | <i>5-13-98</i><br>DATE PREPARED               |