

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

SECRETARY OF THE SENATE
02 JAN 2002 7 AM 8:21

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

CAPE MAY COUNTY REPUBLICAN VICTORY TEAM

ADDRESS (number and street) ST LEOPARD MILL LN

(Check if address is changed)

CAPE MAY COURT HOUSE NJ 08210

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

mickjedelanet.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

n/a

2. DATE 05 10 2002

3. FEC IDENTIFICATION NUMBER C

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 Joanne Cairone

Signature of Treasurer *Joanne Cairone* Date 05 10 2002

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.

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 JOHN MATHEUSSEN

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

- (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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

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

Write or Type Committee Name

CAPE MAY COUNTY REPUBLICAN VICTORY TEAM

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 JOANNE CAIRONE

Mailing Address 57 CEDAR MILL LN

CAPE MAY COURT HSE NJ 08210

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 609 841 0204

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 JOANNE CAIRONE

Mailing Address 57 CEDAR MILL LN

CAPE MAY COURT HSE NJ 08210

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number 609 841 0204

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.

PNC BANK

Mailing Address

1 COURT HSE DENNISVILLE NJ

CAPE MAY COURT HSE NJ 08210

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

