FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructio	_	OUT.
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	Office use only
Linda Stender	for Congress		
ADDRESS (number and s	P.O. Box 730		
(Check if addre	Scotch Plains		NJ 07076 _
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL			
heatherjdejong	@gmail.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
http://www.line	dastenderforcongress.com	<u> </u>	
	11111111111	<u> </u>	
COMMITTEE'S FAX N 9083224810  2. DATE  M M 0.7	UMBER  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	TION NUMBER	C C00417600	1
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ed this Statement and to the best of my kno	wledge and belief it is true, correct an	nd complete
Type or Print Name of 1	reasurer Nancy Yewaisis		
Signature of Treasurer	Electronically Filed by Nancy Yes	waisis	Date 07 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may	y subject the person signing this State	•
Office Use Only FE3AN042.PDF		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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5.	TYPE OF C	OMMITTEE (Check One)	
	Candidate (	Committee:	
	(a) X	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 information below.)	he candidate
	Name of Candidate	Linda Stender	
			NJ NJ
	Candidate Party Affiliat	on DEM Office X House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 07
	Name of		
	Name of Candidate		
	Party Comm	nittee:	
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
_	Political Ac	tion Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
		Corporation Corporation w/o Capital Stock La	bor Organization
	(f)	Membership Organization Trade Association Co	poperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	aising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number	
		3. FEC ID number	
		4. FEC ID number	
		FEC ID number	

Write or Type Committee Name Linda Stender for Congress  6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Represe  Women Lead Victory Fund 2008  Mailing Address  430 South Capitol Street, SE  Washington  CITYA  STATE ZIP C  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising  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  Nancy Yewaisis  Mailing Address  10 Debra Court	ntative
6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Represe  Women Lead Victory Fund 2008  Mailing Address  430 South Capitol Street, SE  Washington  CITY  STATE  ZIP C  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  X Joint Fundraising  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  Nancy Yewaisis	
Women Lead Victory Fund 2008  Mailing Address  430 South Capitol Street, SE  Washington  CITYA  STATE ZIP C  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  X Joint Fundraising  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  Nancy Yewaisis  10 Debro Court	
Mailing Address  430 South Capitol Street, SE  Washington  CITY  STATE  ZIP C  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  X Joint Fundraising  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  Nancy Yewaisis  10 Debra Court	
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Washington  CITY  STATE  ZIP C  Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  X Joint Fundraising  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  10 Pohre Court	-
Relationship:  Connected Organization  Affiliated Committee  Leadership PAC Sponsor  X  Joint Fundraising  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  10 Debra Court	-
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possession of Committee books and records.  Nancy Yewaisis  Full Name  10 Debra Court	Representative
Full Name L	
Mailing Address 10 Debra Court	
Scotch Plains NJ 07076	
Title or Position ▼ CITY A STATE A ZIP (	CODE A
Treasurer Telephone number 732 - 340	- 0032
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  Nancy Yewaisis	9
Mailing Address 10 Debra Court	
Scotch Plains NJ 07076	
Title or Position ♥ CITY ▲ STATE ▲ ZIP	
Treasurer Telephone number 732 _ 340	 CODE &

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Te	elephone number	
9. <b>Banks or Other Deposito</b> safety deposit boxes or ma	<b>pries:</b> List all banks or other depositories in which the aintains funds.	e committee deposits funds, ho	olds accounts, rents
Name of Bank, Depository	, etc.		
Firs	st State Bank		
Mailing Address	16 Commerce Dr.		
	Westfield	ŅJ N	07016
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕
Name of Bank, Depository	, etc.		
Baı	nk of America		
Mailing Address	1501 Pennsylvania Avenue NW		
	Washington	DC	20036

Banks or Other Depositories: safety deposit boxes or maintain		e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	3.4.166.		[ ADDITIONAL ]
Bank of	America		
Mailing Address	730 15th Street, NW		
Walling / taar ooo			
		DC ,	20005
	Washington		20005
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	unization, Affiliated Committee, Leadership PAC Sponsor	r or Joint Fundrais	[ ADDITIONAL sing Representative
Mailing Address			
		ا لیا	
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponso	r Joint Fur	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
<b>3</b>			
			_
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ ADDITIONAL ]
L	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commiss funds.	ittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, etc.	, (4.166)		[ ADDITIONAL ]
Washing	gton First Bank		
Mailing Address	1025 Connecticut Avenue, NW		
1	Washington	DC	20036
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
	nization, Affiliated Committee, Leadership PAC Spon	sor or Joint Fundrais	[ ADDITIONAL ing Representative
Rangel Victory Fund			
Mailing Address	818 Connecticut Avenue, NW		
3 11 111	Suite 1100		
	Washington	, DC, ,	20006 , ,
		ـا لـنـا لـ	
lationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Spor	nsor X Joint Fun	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telepho	one number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	FE	EC ID number	