

# 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

Lautenberg NJ Victory Committee

ADDRESS (number and street)

Gateway One

(Check if address is changed)

Newark

NJ

07102

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pnichols@njdem.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

07 / 13 / 2008

3. FEC IDENTIFICATION NUMBER

C C00409482

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

Peter D. Nichols

Signature of Treasurer

Electronically Filed by Peter D. Nichols

Date

07 / 13 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1 (Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

Candidate Committee:

- (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:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<b>Lautenberg for Senate</b>	FEC ID number	<b>C C00382457</b>
2.	<b>New Jersey First</b>	FEC ID number	<b>C C00391458</b>
3.		FEC ID number	<b>C</b>
4.		FEC ID number	<b>C</b>
5.		FEC ID number	<b>C</b>

Write or Type Committee Name

**Lautenberg NJ Victory Committee**

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

**Lautenberg for Senate**

Mailing Address **Riverfront Plaza Station**  
**PO Box 200596**  
**Newark** **NJ** **07102**  
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization  Affiliated Committee  Leadership PAC Sponsor  Joint Fundraising Representative

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 **Peter D. Nichols**  
Mailing Address **Gateway One**  
**Newark** **NJ** **07102**  
CITY ▲ STATE ▲ ZIP CODE ▲  
Title or Position ▼ **CFO** Telephone number **973** - **639** - **9700**

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 **Michael J. Faigen**  
Mailing Address **Gateway One**  
**Newark** **NJ** **07102**  
CITY ▲ STATE ▲ ZIP CODE ▲  
Title or Position ▼ **Treasurer** Telephone number **973** - **639** - **9700**

Full Name of Designated Agent

Peter D. Nichols

Mailing Address

Gateway One

Newark

NJ

07102

Title or Position

CITY

STATE

ZIP CODE

CFO

Telephone number

973

639

9700

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.

Commerce Bank NA

Mailing Address

50 East State Street

Trenton

NJ

08608

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

[ ADDITIONAL ]

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

New Jersey First

Mailing Address

Riverfront Plaza Station

PO Box 200597

Newark

NJ

07102

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

[ ADDITIONAL ]

**Designated Agent**

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

**Joint Fundraiser Participant**

[ ADDITIONAL ]

FEC ID number

C