

**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

Bill Manger for Congress, Inc.

ADDRESS (Number and street)

430 Middle Country Road

(Check if address is changed)

Selden

NY

11784

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@MANGER2004.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.manger2004.com

COMMITTEE'S FAX NUMBER

631-736-0975

2. DATE 12 / 03 2003

3. FEC IDENTIFICATION NUMBER C C00393983

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 John Philip

Signature of Treasurer Electronically Filed by John Philip

Date 07 / 28 / 2004

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-894-1100

FEC FORM 1
(Revised 02/2003)

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 Bill Manger

Candidate Party Affiliation	REP	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	NY
						District	1

- (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

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Bill Manger for Congress, Inc.

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

Mailing Address

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number

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

John Philip

Mailing Address

P.O. Box 751**Southampton****NY****11969**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Treasurer

Telephone number

Full Name of
Designated
Agent**Charles R. Simonds, Jr.**

Mailing Address

1710 First Avenue**#248****New York****NY****10128**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Assistant Treasurer

Telephone number

917**806****2375**

