

FEC
FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
Office Use Only

2018 APR 18 PM 2:52
12FE4M5

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

CORNELL FOLEY PAC A NEW JERSEY NON PROFIT CORPORATION

ADDRESS (number and street)

96 LIVINGSTON AVE

(Check if address is changed)

ROSELAND NJ 07068
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

PMCGOVERN@CORNELLFOLEY.COM

Optional Second E-Mail Address
TCORRAV@CORNELLFOLEY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.CORNELLFOLEY.COM

2. DATE 04/13/2018

3. FEC IDENTIFICATION NUMBER C00388181

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 Timothy E. Carriston

Signature of Treasurer  Date 04/13/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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 06/2012)

201804181802050000000000

5. TYPE OF COMMITTEE

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 N/A

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 N/A

Party Committee:

- (d) This committee is a N/A (National, State or subordinate) committee of the N/A (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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (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 Lobbyist/Registrant PAC.
 - 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. N/A FEC ID number C

2. N/A FEC ID number C

3. N/A FEC ID number C

4. N/A FEC ID number C

201001041800010000000000000000000000

Write or Type Committee Name

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

NO NONE

Mailing Address

CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Philip F McGovern

Mailing Address Connell Foley
56 Livingston Ave
Roseland NJ 07068-2400

Title or Position CITY STATE ZIP CODE

MGM PARTNER Telephone number 973-840-2400

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 TIMOTHY E. CORRISTON

Mailing Address 56 LIVINGSTON AVENUE
ROSELAND NJ 07068

CITY STATE ZIP CODE

Title or Position PARTNER Telephone number 973-840-2437

2010010418101010000000000

Full Name of Designated Agent

Mailing Address

N/A

CITY

STATE

ZIP CODE

Title or Position

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.

JPM CHASE BANK NA

Mailing Address

270 PARK AVENUE

NEW YORK

NY

10017

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

N/A

CITY

STATE

ZIP CODE

20110101 10:01:40 AM

FIRST CLASS MAIL



CONNELL FOLEY LLP
LAW OFFICES
56 LIVINGSTON AVENUE
ROSELAND, NJ 07068

Federal Election Commission
1050 First Street NE
Washington, DC 20002
Attn: D. Michaels Party/Non Party

RECEIVED
FEC MAIL CENTER
2018 APR 18 PH 2:52

FIRST-CLASS MAIL
\$001.21
US POSTAGE
04/16/2018
ZIP 07068
041L12303600



FIRST CLASS
ePostage
04/16/2018

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

FIRST CLASS

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

20180918 14:01:40 CONVERSION

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked 9/16/18	9/18/18
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
SS PREPARER	9/18/18 DATE PREPARED