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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

ELECTION FUND OF BOB SMITH

ADDRESS (number and street)

830 SHIRLEY PARKWAY

(Check if address
is changed)

PISCATAWAY

NJ

08854

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 05/23/1995, Amendment 05/29/2002

3. FEC IDENTIFICATION NUMBER ▶ C 00303552

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 Ellen Smith

Signature of Treasurer *Ellen Smith*

Date 05/29/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437p.
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 10/01)

2002 MAY 30 7 59 29 AM

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 ROBERT G. SMITH

Candidate Party Affiliation: Democrat Office Sought: House State: NJ
 District: 6th

- (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

N/A

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

Election Fund of Bob Smith

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 Andrew G. Hodulik

Mailing Address 1102 Baritan Avenue

P. O. Box 1450

Highland Park NJ 08904

Title or Position CITY STATE ZIP CODE

Assistant to Treasurer Telephone number 732-393-1000

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 Ellen Smith

Mailing Address 830 Shirley Parkway

Piscataway NJ 08854

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

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.

FLEET

Mailing Address

480 Hoes Lane

Piscataway NJ 08854

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Charles Schwab & Co., Inc.

Mailing Address

1370 U.S. Route 22

Bridgewater NJ 08807

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>5-30-02</i>
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