

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

11 APR 12 AM 10:11

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MAHER FOR SENATE

ADDRESS (number and street)

1146 RICHARDS ROAD

(Check if address is changed)

RIDGEWOOD NJ 07450

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HTTP://WWW.JONATHANMAHER.COM/

2. DATE

03 / 07 / 2011

3. FEC IDENTIFICATION NUMBER

C

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

Jonathan Bannon Maher

Signature of Treasurer

Jonathan Bannon Maher

Date

03 / 07 / 2011

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

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 02/2009)

11020142552

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 JONATHAN BANNON MAHER

Candidate Party Affiliation  Office Sought:  House  Senate  President State  NJ  District

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

Name of Candidate JONATHAN BANNON MAHER

**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
  - 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.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
2.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
3.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>
4.	<input type="checkbox"/>	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

JONATHAN BANNON MAHER

Mailing Address

1146 RICHARDS ROAD

RIDGEWOOD

NJ

07450

Title or Position

CANDIDATE

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

JONATHAN BANNON MAHER

Mailing Address

1146 RICHARDS ROAD

RIDGEWOOD

NJ

07450

Title or Position

TREASURER

CITY

STATE

ZIP CODE

Telephone number

11020142554

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

(in process)

CITIBANK

Mailing Address

128 EAST RIDGEWOOD AVENUE

[Empty grid for Mailing Address line 2]

RIDGEWOOD

NJ

07450

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

[Empty grid for Mailing Address line 4]

[Empty grid for Mailing Address line 5]

CITY

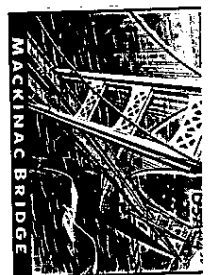
STATE

ZIP CODE

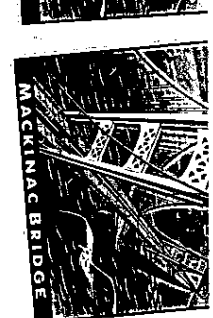
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or c  
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Post Office To Addressee

**ORIGIN (POSTAL SERVICE USE ONLY)**

PO ZIP Code \_\_\_\_\_

Date Accepted \_\_\_\_\_

Mo. Day Year \_\_\_\_\_

Time Accepted  AM  PM \_\_\_\_\_

Flat Rate  or Weight \_\_\_\_\_ lbs. ozs.

Day of Delivery  Next  2nd  3rd PM Day

Scheduled Date of Delivery \_\_\_\_\_

Month Day \_\_\_\_\_

Scheduled Time of Delivery  Noon  3 PM

Military  2nd Day  3rd Day

Int'l Alpha Country Code \_\_\_\_\_

Postage \$ \_\_\_\_\_

Return Receipt Fee \$ \_\_\_\_\_

Postage & Fees \$ \_\_\_\_\_

Insurance Fee \$ \_\_\_\_\_

Acceptance Emp. Initials \_\_\_\_\_

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt Time  AM  PM Employee Signature \_\_\_\_\_

Mo. Day \_\_\_\_\_

Delivery Attempt Time  AM  PM Employee Signature \_\_\_\_\_

Mo. Day \_\_\_\_\_

Delivery Date Time  AM  PM Employee Signature \_\_\_\_\_

Mo. Day \_\_\_\_\_

**CUSTOMER USE ONLY**

**WAVER OF SIGNATURE (Domestic Mail Only)**  
I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and authorize that delivery employee's signature constitutes valid proof of delivery.

**NO DELIVERY**  Holiday  Mailer Signature \_\_\_\_\_

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+ \_\_\_\_\_

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# United States Senate

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OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 04.08.11 \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

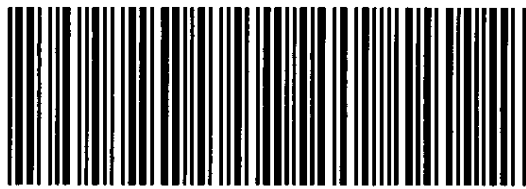
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FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04.12.11

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