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FEC	
FORM 1	

STATEMENT OF ORGANIZATION

	uction	

	(See instruction	ns)	Office use only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
		OMMITTEE OF AMERICAN	ATHEISTS
ADDRESS (number and street)	POST OFFICE BOX 5	5674 	
(Check if address			
is changed)	PARSIPPANY		NJ 07054 _
		CITY	STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS		
pnuhn@gampac.org			
COMMITTEE'S WEB PAGE AD			
http://www.godlessam			
COMMITTEE'S FAX NUMBER 7032939653			
2. DATE M M / D	2 1 / Y Y Y Y 2 0 0 6		
3. FEC IDENTIFICATION NUM	IBER	C C00385211]
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)	
I certify that I have examined this Sta	atement and to the best of my kno	wledge and belief it is true, correct an	d complete
Type or Print Name of Treasurer	Mr. Peter John N	luhn	
Signature of Treasurer Electro	nically Filed by Mr. Peter	John Nuhn	Date 12 / 21 / Y Y Y Y Y
NOTE: Submission of false, erroneo		y subject the person signing this State	ement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further information c Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF COMMITTEE (Check One)	
(a) This comm	mittee is a principal campaign committee. (Complete the candidate informati	ion below.)
(b) This comminformation	mittee is an authorized committee, and is NOT a principal campaign commit n below.)	ttee. (Complete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate	State President District
(c) This comm	nittee supports/opposes only one candidate, and is NOT an authorized com	mittee.
Name of Candidate		
(d) This comm	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
(e) X This comm	nittee is a separate segregated fund	
(f) This comm committee.	nittee supports/opposes more than one Federal candidate, and is NOT a set .	parate segregated fund or party
committee.		parate segregated fund or party
committee.		parate segregated fund or party
committee.		parate segregated fund or party
committee.		parate segregated fund or party
Name of Any Connected		parate segregated fund or party
Name of Any Connected		parate segregated fund or party
Name of Any Connected	d Organization or Affiliated Committee	parate segregated fund or party
Name of Any Connected	d Organization or Affiliated Committee	
Name of Any Connected	d Organization or Affiliated Committee	
Name of Any Connected Mailing Address Relationship	d Organization or Affiliated Committee	

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	or Type Committ				
			OLITICAL ACTION COMMITTEE OF AN		
			ify by name, address, (phone number c ooks and records.	ptional), and position of th	ne person in
Ful	I Name	Mr. Peter	John Nuhn		
Mai	iling Address	_	PO Box 5674		
		-	Parsippany	NJ	07054
Title	e or Position ♥		CITY A	STATE	ZIP CODE
	A	ssistant Tr		703 elephone number	
nai	me and addre		nd address (phone number optional) of esignated agent (e.g., assistant treasurer)		
Full of T	me and addre		esignated agent (e.g., assistant treasurer)		
Full of T	l Name Treasurer _	ss of any de	esignated agent (e.g., assistant treasurer) D Hogan		07054
Full of T Mai	l Name Treasurer _	ss of any de	esignated agent (e.g., assistant treasurer) D Hogan PO Box 5674		07054 ZIP CODE ▲
Full of T Mai	I Name Treasurer _ iling Address e or Position ♥	ss of any de	PO Box 5674 Parsippany CITY ▲	NJ	
Full of T Mai Title	I Name Treasurer _ iling Address e or Position ♥ Tr Tr I Name of signated	ss of any de Richard I - -	PO Box 5674 Parsippany CITY ▲	<u>NJ</u> STATE &	
Full of T Mai Title Full Des Age	I Name Treasurer _ iling Address e or Position ♥ Tr Tr I Name of signated	ss of any de Richard I - -	PO Box 5674 Parsippany CITY ▲	<u>NJ</u> STATE &	
Full of T Mai Title Full Des Age	I Name Treasurer iling Address e or Position ♥ Tr I Name of signated ent	ss of any de Richard I - -	PO Box 5674 Parsippany CITY ▲	<u>NJ</u> STATE &	
Full of T Mai Title Full Des Age Mai	I Name Treasurer iling Address e or Position ♥ Tr I Name of signated ent	ss of any de Richard I - -	PO Box 5674 Parsippany CITY ▲	<u>NJ</u> STATE &	
Full of T Mai Title Full Des Age Mai	I Name Treasurer _ iling Address e or Position ♥ Tr I Name of signated ent _ iling Address	ss of any de Richard I - -	D Hogan PO Box 5674 Parsippany CITY ▲ CITY ▲ CITY ▲	NJ STATE elephone number	ZIP CODE A

	FEC Form 1 (Revised 02/2003)																									Page 4													
9.	safety deposit bo	anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts afety deposit boxes or maintains funds. ame of Bank, Depository, etc.															ts,	rer	nts																				
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	Mailing Address																	I		1				I					I	I				1					
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