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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

2004 JUL 30 P 10 14

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12PB4M5

NIXON, REABODY, LLP FEDERAL PAC

ADDRESS (number and street) CLINTON SQUARE

(Check if address is changed)

P.O. Box 31051

ROCHESTER NY 14609-1051

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

nixonrebodyfederalpac@nixonrebody.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 07 28 2004

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 Stephen B. Mullen

Signature of Treasurer [Signature] Date 07 29 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.

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

\_\_\_\_\_

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

\_\_\_\_\_

- (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

NIXON PEABODY LIT FEDERAL PAC

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 STEPHEN B. MULLEN

Mailing Address CLINTON SQUARE  
P.O. BOX 31051  
ROCHESTER, NY 14603-1051

Title or Position TREASURER CITY NY STATE NY ZIP CODE 14603

Telephone number 585-263-1513

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 STEPHEN B. MULLEN

Mailing Address CLINTON SQUARE  
P.O. BOX 31051  
ROCHESTER, NY 14603-1051

Title or Position TREASURER CITY NY STATE NY ZIP CODE 14603

Telephone number 585-263-1513

Full Name of Designated Agent JANET ST. PIERRE

Mailing Address CLINTON SQUARE  
P.O. BOX 31051  
ROCHESTER, NY 14603-1051

Title or Position ASST. TREASURER CITY NY STATE NY ZIP CODE 14603

Telephone number 585-263-1492

9. Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc:

U.P. MORGAN CHASE BANK

Mailing Address

ONE CHASE SQUARE, 7-9

ROCHESTER NY 14643

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc:

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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