

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SES. AMERICAN PAC INC

ADDRESS (number and street)

FOUR RESEARCH WAY

(Check if address is changed)

PRINCETON

NJ

08540-1668

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nancy.eskenazi@ses-american.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

609-987-4233

2. DATE

06 15 2007

3. FEC IDENTIFICATION NUMBER ▶

000375592

4. IS THIS STATEMENT

NEW (N)

OR

A

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

Nancy J. Eskenazi

Signature of Treasurer

Nancy J. Eskenazi

Date

06 15 2007

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 02/2003)

27039453510

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
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- (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        |

2703945511

Write or Type Committee Name

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 RHONDA KOVACS

Mailing Address 1 RESEARCH WAY

PRINCETON NJ 08540

Title or Position CITY STATE ZIP CODE

PARALEGAL Telephone number 609-987-4351

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent RHONDA KOVACS

Mailing Address 1 RESEARCH WAY

PRINCETON NJ 08540

Title or Position CITY STATE ZIP CODE

PARALEGAL Telephone number 609-987-4351

27039453512

8. **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.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

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**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.

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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>6/18/07</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 *6/19/07*  
**PREPARER** **DATE PREPARED**  
 (3/2005)

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