

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Ofc. Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5  
**PURDUE PHARMA INC. POLITICAL ACTION COMMITTEE (PURDUE PAC)**

ADDRESS (Home or street) (Check if address is changed)  
**c/o Henry Shaw, CPA, P.C.**  
**106 Corporate Park Dr., Suite 307**  
**White Plains NY 10604 3815**  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
**Joseph.drellich@pharma.com**

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE **06 / 08 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00370643**

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 **Joseph Drellich**

Signature of Treasurer Electronically Filed by **Joseph Drellich** Date **06 / 13 / 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
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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

**Purdue Pharma Inc.** \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_

One Stamford Forum  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Stamford** \_\_\_\_\_ **CT** \_\_\_\_\_ **06901** - **3431**

**CITY A STATE A ZIP CODE A**

Relationship **Connected** \_\_\_\_\_

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

**PURDUE PHARMA INC. POLITICAL ACTION COMMITTEE (PURDUE 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 Joseph Drelich

Mailing Address One Stamford Forum

Stamford CT 06901 - 3431

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 203 - 588 - 8000

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 Joseph Drelich

Mailing Address One Stamford Forum

Stamford CT 06901 - 3431

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 203 - 588 - 8000

Full Name of Designated Agent Robin Hogen

Mailing Address One Stamford Forum

Stamford CT 06901 - 3431

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 203 - 588 - 8000

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.

JP Morgan Chase Bank

Mailing Address

1411 Broadway

New York

NY

10018

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

UBS Financial Services Inc.

Mailing Address

1735 Market St., 36th Floor

Philadelphia

PA

19103 - 7501

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_