

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

ADDRESS (Home or street) 900 Cummings Center, 221U

(Check if address is changed)

BEVERLY

MA

01915

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9785248890

2. DATE 07 / 17 / 2003

3. FEC IDENTIFICATION NUMBER C C00381459

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 Dr. Robert Zwolak

Signature of Treasurer Electronically Filed by Dr. Robert Zwolak Date 07 / 28 / 2003

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

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-894-1110

FEC FORM 1
(Revised 02/2003)

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

Society for Vascular Surgery _____

Mailing Address _____ 900 Cummings Center _____

_____ 221U _____

_____ Beverly _____ MA _____ 01915 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE

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 David Cloud

Mailing Address 900 Cummings Center
221U
Beverly MA 01915 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Executive Director Telephone number 978 - 526 - 8330

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 Dr. Robert Zwolak

Mailing Address 359 Dogford Road
Etna NH 03750 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 603 - 650 - 4682

Full Name of Designated Agent David Cloud

Mailing Address 900 Cummings Center
221U
Beverly MA 01915 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Executive Director Telephone number 978 - 526 - 8330

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.

Fleet Bank

Mailing Address

100 Federal Street

Boston

MA

02110 -

CITY Δ

STATE Δ

ZIP CODE Δ