Image# 27940047699

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typying, type over the lines

12FE4M5

New Jersey Medical Political Action Committee

ADDRESS (number and street)

☐ (Check if address is changed)

2 Princess Road

Lawrenceville　　　　　　　**NJ**　　　**08648** –

CITY▲　　　　　　STATE▲　　　　　ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

mshea@msnj.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.msnj.org

COMMITTEE'S FAX NUMBER

6098961368

2. DATE　M M **0 1** / D D **1 5** / Y Y Y Y **2 0 0 7**

3. **FEC IDENTIFICATION NUMBER**　C **C00039123**

4. IS THIS STATEMENT　X　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　　**Michael Kornett**

Signature of Treasurer　Electronically Filed by　**Michael Kornett**　Date　M M **0 1** / D D **1 5** / Y Y Y Y **2 0 0 7**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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**

New Jersey Medical Action Committee

Mailing Address **2 Princess Road**

Lawrenceville   **NJ**   **08648** –

CITY▲   STATE▲   ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation   ☐ Corporation w/o Capital Stock   ☐ Labor Organization

☒ Membership Organization   ☐ Trade Association   ☐ Cooperative

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Write or Type Committee Name

New Jersey Medical 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

Mailing Address

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

Telephone number   _____ – _____ – _____

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   **Michael Kornett**

Mailing Address   **2 Princess Road**

Lawrenceville   **NJ**   **08648** – _____

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

Treasurer   Telephone number   **609** – **896** – **1766**

Full Name of
Designated
Agent

Mailing Address

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

Telephone number   _____ – _____ – _____

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.

Mailing Address

CITY △   STATE △   ZIP CODE   △