

2002 MAR 29 A 11:39

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.

12FB4M5

SES, AMERI.COM, INC. - PAC

ADDRESS (number and street)

FOUR RESEARCH WAY

(Check if address
is changed)

PRINCETON

NJ

08540

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

SHEILA.GREEN@SES-AMERI.COM.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.SES-AMERI.COM.COM

2. DATE

03 22 2002

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 Nancy Eskenazi

Signature of Treasurer

Nancy Eskenazi

Date

03 22 2002

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 800-424-8530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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

SES AMER I COM INC _____

Mailing Address

FOUR RESEARCH WAY _____

PRINCETON _____ NJ _____ 08540 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization:

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

Write or Type Committee Name

SES AMERICOM, INC. 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 SHELLA GREEN
 Mailing Address FOUR RESEARCH WAY
PRINCETON NJ 08540
 Title or Position EXECUTIVE ASSISTANT CITY PRINCETON STATE NJ ZIP CODE 08540
 Telephone number 609-987-4110

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 NANCY BSKENAZI
 Mailing Address FOUR RESEARCH WAY
PRINCETON NJ 08540
 Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
ASSOC GEN COUNSEL Telephone number 609-987-4187

Full Name of Designated Agent SHELLA GREEN
 Mailing Address FOUR RESEARCH WAY
PRINCETON NJ 08540
 Title or Position _____ CITY _____ STATE _____ ZIP CODE _____
EXECUTIVE ASSISTANT Telephone number 609-987-4110

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.

PRINC BANK

Mailing Address

500 COLLEGE ROAD EAST

PRINCETON NJ 08540

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>3-29-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Am. b</i> PREPARER	<i>3-29-02</i> DATE PREPARED