FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	ON	
	(555 1154 454515)		Office use only
NAME OF COMMITTEE (in fu		xample: If typying, type wer the lines	12FE4M5
GODLESS AME	RICANS POLITICAL ACTION COMM	ITTEE OF AMERICAN A	ATHEISTS
ADDRESS (number and st	POST OFFICE BOX 5674		
(Check if addres	ss Liliiiiii		
is changed)	PARSIPPANY		NJ 07054 - 111
COMMITTEE'S E-MAIL	CITY	<b>*</b>	STATE▲ ZIP CODE ▲
pnuhn@gampa			1
1	<u> </u>		<u></u>
COMMITTEE'S WEB P	AGE ADDRESS (URL)		
www.gampac.d	org 		
COMMITTEE'S FAX NO. 7032939653	JMBER		
2. DATE 0 6	/ D D / Y Y Y Y Y Y 2008		
3. FEC IDENTIFICAT	TION NUMBER C C	00385211	
4. IS THIS STATEME	ENT X NEW (N) OR	AMENDED (A)	-
I certify that I have examin	ed this Statement and to the best of my knowledge	and belief it is true, correct and	d complete
Type or Print Name of T	reasurer Mr. Peter John Nuhn		
Signature of Treasurer	Electronically Filed by Mr. Peter John	Nuhn	Date 0 6 / 0 5 / Y Y O 8
NOTE: Submission of fals	e, erroneous, or incomplete information may subje	,	· · · · · · · · · · · · · · · · · · ·
Office Use Only FE3AN042.PDF		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

	FEO <b>Forn</b>	<b>1 1</b> (Revised 02/2003)	Page 2
5.	TYPE OF COM	MMITTEE (Check One)	
	(a) (b)	This committee is a principal campaign committee. (Complete the candidate information below.)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete information below.)	the candidate
	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	<u> </u>	
	(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) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee.	ed fund or party
6.	Name of Any	Connected Organization or Affiliated Committee	
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L			
	Mailing Addres	ss Lilianianianianianianianianianianianianiani	
		CITY▲ STATE ▲	ZIP CODE
	Relationship		
	Type of Conne	ected Organization:	
	Corpo	ration Corporation w/o Capital Stock Labor Orga	nization
	Memi	pership Organization Trade Association Cooperative	•

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Write or Type Committee Name

GODLESS AMERICANS	POLITICAL ACTION COMMITTEE	OF AMERICAN ATHEISTS	
		nber optional), and position of t	he person in
Full Name Mr. Pete	er John Nuhn		
Mailing Address	PO Box 5674		
	Parsippany	NJ	07054
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A
Assistant 1	Treasurer	Telephone number	
			ittee; and the
Full Name of Treasurer  Ellen Jo	ohnson		
Mailing Address	225 Cristiani St		
	Cranford		07016
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
Treasurer		Telephone number 973	625 6900
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		Telephone number	
	Custodian of Records: Ide possession of Committee    Full Name   Mr. Pete    Full Name   Assistant    Treasurer: List the name a name and address of any    Full Name of Treasurer   Ellen Journal of Treasurer    Mailing Address   Title or Position   Treasurer    Full Name of Designated Agent   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address   Mailing Address    Mailing Address   Mailing Address   Mailing Address    Mailing Address   Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Address   Mailing Address    Mailing Addres	Custodian of Records: Identify by name, address, (phone numpossession of Committee books and records.    Mr. Peter John Nuhn	Mr. Peter John Nuhn  Mailing Address  PO Box 5674  Parsippany  NJ  Title or Position ▼ CITY A STATE A  Assistant Treasurer 703  Treasurer: List the name and address (phone number optional) of the treasurer of the commande and address of any designated agent (e.g., assistant treasurer).  Full Name of Treasurer  Mailing Address  Cranford  NJ  Title or Position ▼ CITY A STATE A  Treasurer  Tr

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CITY 🔼

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STATE **△**