

**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

GODLESS AMERICANS POLITICAL ACTION COMMITTEE OF AMERICAN ATHEISTS

ADDRESS (number and street)

POST OFFICE BOX 5674

☐(Check if address
is changed)

PARSIPPANY

NJ

07054

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

pnuhn@gampac.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gampac.org

COMMITTEE'S FAX NUMBER

7032939653

2. DATE

M M
0 6/ D D
0 5/ Y Y Y Y
2 0 0 8

3. FEC IDENTIFICATION NUMBER

C C00385211

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

Mr. Peter John Nuhn

Signature of Treasurer

Electronically Filed by Mr. Peter John Nuhn

Date

M M
0 6/ D D
0 5/ Y Y Y Y
2 0 0 8

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

GODLESS AMERICANS POLITICAL ACTION COMMITTEE OF AMERICAN ATHEISTS

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 **Mr. Peter John Nuhn**

Mailing Address **PO Box 5674**

Parsippany **NJ** **07054** -

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

Assistant Treasurer **703** **293** **9651**

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 **Ellen Johnson**

Mailing Address **225 Cristiani St**

Cranford **NJ** **07016** -

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

Treasurer **973** **625** **6900**

Telephone number - -

Full Name of Designated Agent

Mailing Address

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.

Bank of America

Mailing Address

3035 Rt 46

Parsippany

NJ

07054

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲