

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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FEC MAIL ROOM

2001 DEC 17 P 2:15

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. PURDUE PHARMA, INC., POLITICAL ACTION COMMITTEE ("PURDUE PAC")

ADDRESS (number and street) ONE STAMFORD FORUM (Check if address is changed) STAMFORD CT 06901-3431 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS edward.mahony@pharma.com

COMMITTEE'S WEB PAGE ADDRESS (URL) N/A

2. DATE 12 - 17 - 2001

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 Edward B. Mahony

Signature of Treasurer [Signature] Date 12 14 2001

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.

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

PURDUE PHARMA, INC. _____

Mailing Address ONE STAMFORD FORUM _____

STAMEDED _____ IN _____ 06901 _____ 3431 _____

3/4

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

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 HOWARD UDELT

Mailing Address ONE STAMFORD FORUM
STAMFORD CT 06901 - 3431

Title or Position CHAIRMAN AND SECRETARY CITY STATE ZIP CODE

Telephone number 203 - 588 - 5000

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 EDWARD B. MAHONY

Mailing Address ONE STAMFORD FORUM
STAMFORD CT 06901 - 3431

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 203 - 588 - 5000

Full Name of Designated Agent HOWARD UDELT

Mailing Address ONE STAMFORD FORUM
STAMFORD CT 06901 - 3431

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 203 - 588 - 5000

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.

JP MORGAN CHASE BANK

Mailing Address

1411 BROADWAY

NEW YORK NY 10018

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.

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<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
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<i>See</i> PREPARER	<i>12-17-01</i> DATE PREPARED