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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

NIXON PEABODY LLP FEDERAL PAC

ADDRESS (number and street) CLINTON SQUARE

(Check if address is changed)

P.O. BOX 31051

ROCHESTER NY 14603-11051

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

INFEDERALPAC@NIXONPEABODY.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 08 31 2004

3. FEC IDENTIFICATION NUMBER C00404178

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 Stephen B. Muller

Signature of Treasurer [Signature] Date: 08 31 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 columns for Office Use Only

For further information contact: Federal Election Commission, Toll Free 800-424-9600, Local 202-596-1100

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

NONE _____

Main Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name:

NIXON PEABODY LLP FEDERAL 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 STEPHEN B MULLEN

Mailing Address CLINTON SQUARE
PO BOX 31051
ROCHESTER NY 14603-1051

Title or Position TREASURER CITY NY STATE NY ZIP CODE 14603-1051

Telephone number 585-263-1573

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 STEPHEN B MULLEN

Mailing Address CLINTON SQUARE
PO BOX 31051
ROCHESTER NY 14603-1051

Title or Position TREASURER CITY NY STATE NY ZIP CODE 14603-1051

Telephone number 585-263-1573

Full Name of Designated Agent JANET ST. PIERRE

Mailing Address CLINTON SQUARE
PO BOX 31051
ROCHESTER NY 14603-1051

Title or Position ASST. TREASURER CITY NY STATE NY ZIP CODE 14603-1051

Telephone number 585-263-1492

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.

J.P. MORGAN CHASE BANK

Mailing Address

ONE CHASE SQUARE, T-9

ROCHESTER NY 14603-1051

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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