

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2000 NOV -7 A 10: 02

1. (a) NAME OF COMMITTEE IN FULL <u>MERCER COUNTY DEMOCRATIC COMMITTEE</u>	☐ (Check if name is changed)	2. DATE <u>10/21/00</u>
(b) Number and Street Address <u>202 CARNEGIE CENTER STE 201</u>	☐ (Check if address is changed)	3. FEC Identification Number <u>C 00297119</u>
(c) City, State and ZIP Code <u>PRINCETON NJ 08543-5226</u>		4. Is This Report An Amendment? ☒ YES ☐ NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
- ☒ (d) This committee is a SUBORDINATE committee of the DEMOCRATIC Party. (National, State or subordinate) (Democratic, Republican, etc.)
- ☐ (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 a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<u>NEW JERSEY DEMOCRATIC STATE COMMITTEE</u>	<u>150 W STATE ST. TRENTON NJ 08608</u>	<u>PARENT ORGANIZATION</u>

Type of Connected Organization

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

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	Mailing Address	Title or Position
<u>PATRICK D KENNEDY</u>	<u>1 CHASE HOLLOW RD HOPWEN NJ 08545</u>	<u>TREASURER</u>
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	Mailing Address	Title or Position
<u>PATRICK D KENNEDY</u>	<u>1 CHASE HOLLOW RD, HOPWEN NJ 08545</u>	<u>TREASURER</u>
<u>ROBERT W BACIO</u>	<u>D-1 LINCOLN LAKE, LAKON NJ 08810</u>	<u>DEPUTY TREASURER</u>

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.	Mailing Address and ZIP Code
<u>FIRST UNION NATIONAL BANK</u>	<u>682 ALEXANDER RD PRINCETON NJ 08540</u>

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	SIGNATURE OF TREASURER	DATE
<u>PATRICK D KENNEDY</u>	<u>[Signature]</u>	<u>10/21/00</u>

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9520
Local 202-884-1100

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FEC FORM 1
(revised 4/87)

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☒	Registered/Certified Mail	POSTMARKED (R/C) 11-3-00
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked and/or Date of Receipt
☐	Electronic Filing	

11-7-20
DATE PREPARED