

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED BY MAIL

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Office Use Only

1 NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

10PFD4M5

SOMERSET MEDICAL COMMUNITY FUND FOR QUALITY HEALTH CARE

ADDRESS (number and street)

1100 WEST STATE STREET

(Check if address is changed)

FRENCH

NJ

08608-1100

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

609-273-1750

2. DATE 11 19 2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

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 KEENEITH BATEMAN

Signature of Treasurer [Handwritten Signature] Date 11 19 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Table with 5 empty columns and 1 row, labeled 'Office Use Only'.

For further information contact Federal Election Commission Tel: 800-424-9630 Local: 202-554-1100

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 aggregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate aggregated fund or party committee.

6. Name of Any Contacted Organization or Affiliated Committee

SOMERSET MEDICAL COMMUNITY FUND FOR
QUALITY HEALTH CARE

Mailing Address 110 WEST STATE STREET
TRENTON MT 08608-1102
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED ORGANIZATION

Type of Connected Organization:

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

Write or Type Committee Name

SOMERSET MEDICAL COMMUNITY FUND FOR QUALITY HEALTHCARE

7. Custodian of Records Identify by name, address (phone number - optional) and position of the person in possession of campaign books and records.

Full Name DALE J. FLORIO

Mailing Address 1100 WEST STATE STREET

TRENTON NJ 08608-1102

Title or Position ATTORNEY CITY TRENTON STATE NJ ZIP CODE 08608

Telephone number 609-396-8838

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 KENNETH BATEMAN

Mailing Address 110 KENNY DRIVE

SOMERVILLE MA 01876

Title or Position PRESIDENT/CEO CITY SOMERVILLE STATE MA ZIP CODE 01876

Telephone number 603-685-2805

Full Name of Designated Agent DALE J. FLORIO

Mailing Address 1100 WEST STATE STREET

TRENTON NJ 08608-1102

Title or Position ATTORNEY CITY TRENTON STATE NJ ZIP CODE 08608

Telephone number 609-396-8838

9. Banks or Other Depositories: Use 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

COMMERCE BANK

Mailing Address

1301 ROUTE 70 EAST

CHERRY HILL NJ 08034

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 FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
Jm U PREPARER (5/2004)	11-24-04 DATE PREPARED