

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

1999 DEC 27 P 3:46

1. (a) NAME OF COMMITTEE IN FULL MORRISEY FOR CONGRESS	<input type="checkbox"/> (Check if name is changed)	2. DATE 12/16/99
10. Number and Street Address P.O. BOX 2685	<input type="checkbox"/> (Check if address is changed)	3. FEC identification number
10. City, State and ZIP Code WESTFIELD, NJ 07091-2685		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 _____ committee of the _____ 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
NONE		

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.

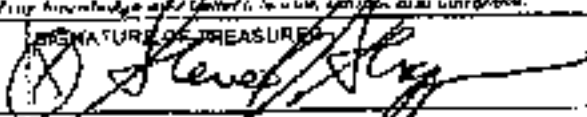
STEVEN J. SKAPPER **5 MOREHOUSE PLACE, NEW PROVIDENCE, NJ 07974** **TREASURER**

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).

STEVEN J. SKAPPER **5 MOREHOUSE PLACE, NEW PROVIDENCE, NJ-07974** **TREASURER**

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.

THE TOWN BANK OF WESTFIELD **520 SOUTH AVE, WESTFIELD, NJ 07090-1402**

TYPE OR PRINT NAME OF TREASURER STEVEN J. SKAPPER	SIGNATURE OF TREASURER 	DATE 12/16/99
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 30 DAYS.		

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1102

FECAN 114P DF

FEC FORM 1
(revised 4/87)

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-18-99
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<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
<input type="checkbox"/> Electronic Filing	
<i>JS</i> PREPARER	12-27-99 DATE PREPARED