

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

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

CORPAC

ADDRESS (Number and street)

P.O. Box 200419

(Check if address is changed)

One Riverfront Plaza

Newark

NJ

07102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

ndunlap@votecorzone.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9736437441

2. DATE 02 / 13 / 2004

3. FEC IDENTIFICATION NUMBER C C00365197

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 Nancy Dunlap

Signature of Treasurer Electronically Filed by Nancy Dunlap

Date 02 / 13 / 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

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**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
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- (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 \_\_\_\_\_

Mailing Address \_\_\_\_\_ None \_\_\_\_\_

\_\_\_\_\_

None \_\_\_\_\_ NJ \_\_\_\_\_ 07102 - \_\_\_\_\_

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

**CORPAC**

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 Nancy Dunlap

Mailing Address 1 Gateway Center

Suite 1102

Newark

NJ

07102 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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 Nancy Dunlap

Mailing Address 1 Gateway Center

Suite 1102

Newark

NJ

07102 -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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.

Bank of New York

Mailing Address

One Riverfront Plaza

Newark

NJ

07102

CITY Δ

STATE Δ

ZIP CODE Δ