

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

RECEIVED  
FEC MAIL ROOM

2001 JUL 24 P 2: 08

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12PB4M5

MOM PAC

ADDRESS (number and street)

61 CAHEO DRIVE

(Check if address  
is changed)

CHEERY HILL

NJ

08003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

STAFF@MOMPAC.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.MOMPAC.ORG

2. DATE

07 21 2001

3. FEC IDENTIFICATION NUMBER ▶

C

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

Shelley Lewitan Adler

Signature of Treasurer

Date

07 21 2001

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.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-6530  
Local 202-464-1100

FEC FORM 1  
(Revised 1/01)

6. 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.

8. Name of Any Connected Organization or Affiliated Committee

NONE \_\_\_\_\_

Mailing 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

MDHPAC

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 SHELLEY LEVITAN ADLER

Mailing Address 61 GAMED DR

CHERRY HILL NJ 08003

Title or Position CITY STATE ZIP CODE

TREASURER 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 SHELLEY LEVITAN ADLER

Mailing Address 61 GAMED

CHERRY HILL NJ 08003

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent JEANNE GORMAN

Mailing Address 17 COOPER AVE DR

CHERRY HILL NJ 08003

Title or Position CITY STATE ZIP CODE

ASST. TREASURER 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.

PNC BANK

Mailing Address

11900 GREENTREE RD

CHERRY HILL NJ 08003

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-24-01</i>
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
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<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
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<i>[Signature]</i> PREPARER	<i>7-24-01</i> DATE PREPARED