

Ross University
School of Medicine

Neal S. Simon
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FEC MAIL ROOM
2002 FEB 19 P 2



ROSS
UNIVERSITY

January 31, 2002

Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: Committee for Fairness in Medical Education

Dear Sir/Madam:

Enclosed please find a **Statement of Organization** form that was submitted on January 8, 2001 regarding the above-referenced. I have recently learned that as of today's date, the Committee for Fairness in Medical Education has not received an assigned FEC number. I would appreciate if an FEC number can be assigned at your earliest convenience.

Thank you.

Sincerely,


Neal S. Simon

NSS/km

Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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2002 FEB 19 P 2:00

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) COMMITTEE FOR FAIRNESS IN MEDICAL EDUCATION	2. DATE 01/08/01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 460 W. 34th Street	3. FEC Identification Number
(c) City, State and ZIP Code New York, NY 10001	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
N/A		

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
John St. James, CFO	460 W. 34th St., NY, NY 10001	Assistant 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).

Full Name	Mailing Address	Title or Position
Neal S. Simon, J.D., M.A.	460 W. 34th St., NY, NY 10001	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.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
CHASE Manhattan Bank, N.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	SIGNATURE OF TREASURER	DATE
NEAL S. SIMON, J.D., M.A.		Jan. 8, 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing the Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 (R/C) 1-31-02
<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	
 IK	 2-19-02
PREPARER	DATE PREPARED