

**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

Enlighten the Vote

ADDRESS (number and street)

POST OFFICE BOX 5674

(Check if address  
is changed)

PARSIPPANY

NJ

07054

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nuhn@skeptics.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.enlightenthevote.com/

COMMITTEE'S FAX NUMBER

7032939653

2. DATE

M M  
0 2/ D D  
0 6/ Y Y Y Y  
2 0 0 9

3. FEC IDENTIFICATION NUMBER

C C00385211

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

Mr. Peter John Nuhn

Signature of Treasurer

Electronically Filed by Mr. Peter John Nuhn

Date

M M

/ D D

/ Y Y Y Y

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  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 12/2007)



Write or Type Committee Name

**Enlighten the Vote**

## 6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

**NONE**

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

☐

Connected Organization

☐

Affiliated Committee

☐

Leadership PAC Sponsor

☐

Joint Fundraising Representative

## 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

**Mr. Peter John Nuhn**

Mailing Address

**4003 Virginia Street****Fairfax****VA****22032**

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

**Ellen Johnson**

Mailing Address

**75 W Flagge St, Apt 1****Rockaway****NJ****07866 - 3505**

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 America

Mailing Address

3035 Rt 46

Parsippany

NJ

07054

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲