22020860001
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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE
02 OCT 30 AM 10: 30
Office use only

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

National Republican Senatorial Committee

ADDRESS (number and street) 425 Second Street, NE

☐ (Check if address is changed)

Washington | DC | 20002

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE MM 10 / DD 29 / YYYY 2002

3. FEC IDENTIFICATION NUMBER ▶ C00027466

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

Signature of Treasurer Date 10 / 29 / 2002

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 800-424-9530
Local 202-694-1100

FEC FROM 1
(Revised 10/2001)

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

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☒ This committee is a NAT (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**

Terrell Victory Committee

Mailing Address P.O. Box 75103

Washington DC 20013 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JF Committee

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

National Republican Senatorial Committee

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 ▼ 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

Mailing Address

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

22020860005
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JERI THOMSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

Hart Building
Suite 202
Washington, DC 20510-7118
Phone: 202-224-0022

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 10/30/02
Date of Receipt

_____ **FAX (48-HOUR NOTICES)**_____
Date of Receipt

_____ **INSIDE MAIL**_____
Date of Receipt

_____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

_____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION**_____
Date of Receipt

_____ **FIRST CLASS MAIL**_____
Postmarked

_____ **REGISTERED/CERTIFIED MAIL**_____
Postmarked

_____ **NO POSTMARK** _____ **POSTMARK ILLEGIBLE**

_____ **OTHER (Specify):**_____
_____ **AIRBORNE EXPRESS**
_____ **EXPRESS MAIL**
_____ **FEDERAL EXPRESS**
_____ **UPS**
_____
Postmark and/or Date of Receipt

Preparer **Date Prepared** 10/30/02

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