

**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

BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

ADDRESS (Home or street)

1225 EYE STREET, N.W.

(Check if address is changed)

SUITE 400

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

scohen@bio.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01 / 27 / 2003

3. FEC IDENTIFICATION NUMBER

C00355677

4. IS THIS STATEMENT

NEW (N)

OR

X

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

Sharon L. Cohen

Signature of Treasurer

Electronically Filed by Sharon L. Cohen

Date

01 / 27 / 2003

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 202-694-1110

FEC FORM 1
(Revised 1/2001)

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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.

6. Name of Any Connected Organization or Affiliated Committee

Biotechnology Industry Organization (BIO) _____

Mailing Address _____ 1225 Eye Street N.W. _____

_____ Suite 400 _____

_____ Washington _____ DC _____ 20005 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

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 Sharon L. Cohen

Mailing Address GPO PASS
1020 N. Fairfax Street Fifth Floor
Alexandria VA 22314

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 Sharon L. Cohen

Mailing Address 1225 Eye Street N.W.
Suite 400
Washington DC 20005

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer 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.

SunTrust Bank

Mailing Address

1445 New York Avenue NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ