

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <u>Clean Up Congress</u> | 2. DATE <u>May 16, 1996</u> |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) <u>313 S. Blount St., Suite D</u> | 3. FEC IDENTIFICATION NUMBER <u>C00245456</u> |
| (c) City, State and ZIP Code <u>Raleigh, N.C. 27601-1861</u> | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input 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 subnational) (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.

| 8. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| | | |

Type of Connected Organization

- Corporation Corporation with 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 |
|-----------|-----------------|-------------------|
| | | |

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 |
|------------------------|---|---|
| <u>Abner L. Holton</u> | <u>6216 Clarkmont Dr. McLean, VA 22101-7401</u> | <u>Director (703) 841-2749 (414) 828-4400</u> |

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 |
|--------------------------------|--|
| <u>Wachovia</u> | <u>Fayetteville St. Mall, Raleigh N.C. 27601</u> |
| <u>First Interstate</u> | <u>4300 University Center NE #8105 Atlanta, GA 30318</u> |
| <u>First Bank</u> | <u>110 Highland St., Arlington VA 22201</u> |

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 <u>Abner L. Holton</u> | SIGNATURE OF TREASURER <u>Abner L. Holton</u> | DATE <u>5/16/96</u> |
|---|--|------------------------|

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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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.

| | |
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| <input type="checkbox"/> Hand Delivered | DATE OF RECEIPT |
| <input checked="" type="checkbox"/> First Class Mail | POSTMARKED <i>5-31-96</i> |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <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 |
| | |
| <i>MS</i> PREPARER | <i>6-4-96</i> DATE PREPARED |

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