FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

MS-F

MAR 13 1998

Doreen W. Hohl, Treasurer
The American Electric Power Committee
for Responsible Government
1 Riverside Plaza
P.O. Box 16631
Columbus, OH 43216

Identification Number: C00096842

Dear Ms. Hohl:

This letter is prompted by the Commission's review of documents filed by your committee. Certain information disclosed on your Statement of Organization (FEC FORM 1) may not comply with 11 CFR §102.14(c). This section states, "The name of a separate segregated fund...shall include the full name of its connected organization. Such fund may also use a clearly recognized abbreviation or acronym by which the connected organization is commonly known" (emphasis added). The Statement of Organization filed by your committee indicates that your committee is a separate segregated fund. Commission records indicate the name of your connected organization as the American Electric Power Service Corporation and the name of your political committee as the American Electric Power Committee for Responsible Government. Please amend your Statement of Organization (form enclosed) to comply with 11 CFR §102.14.

Should your committee not be a separate segregated fund as defined by 11 CFR §114.5 (i.e., the political committee of a corporation, labor organization, national bank, incorporated membership organization, corporation without capital stock, incorporated trade association, or incorporated cooperative), please amend your Statement of Organization by checking the appropriate box (Type of Committee) in question 5 on the FORM 1 enclosed.

A written response or an amendment to your Statement of Organization addressing this matter should be filed with the Federal Election Commission within fifteen (15) days

of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 694-1130.

Sincerely,

Kenneth A. Davis, Jr.
Reports Analyst
Reports Analysis Division

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Enclosure

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) | 2. DATE

(b) Number and Street Address ☐ (Check if address is changed) | 3. FEC Identification Number

(c) City, State and ZIP Code | 4. Is This Report An Amendment? ☐ YES ☐ 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 _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee.

6.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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

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

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

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 202-219-3420

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FEC FORM 1

(revised 4/87)