(a) NAME OF COMMITTEE (IN FULL) ☐ (Check if name is changed)
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

(b) Number and Street Address ☐ (Check if address is changed)
425 SECOND STREET, N.E.

(c) City, State and ZIP Code
WASHINGTON, DC 20002

SECRETARY OF THE SENATE
99 JUL 27 AM 11:29

1. DATE
7/27/99

2. FEC IDENTIFICATION NUMBER
C00027466

3. IS THIS STATEMENT AN AMENDMENT? ☐ YES ☐ NO

H.D

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.)

☐ (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.

4. Name of Any Connected Organization or Affiliated Committee

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
ASHCROFT VICTORY COMMITTEE	P.O. BOX 75103 WASHINGTON, DC 20013	JOINT FUNDRAISI REPRESENTATIVE
SANTORUM VICTORY COMMITTEE	P.O. BOX 75103 WASHINGTON, DC 20013	JOINT FUNDRAISI REPRESENTATIVE

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

5. 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

6. 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

7. 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
BETH A. LYDON ASSISTANT TREASURER	Beth A. Lydon	7/27/99

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §

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
(revised

GARY L. SISCO
SECRETARY

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED July 27, 1999
Date of Receipt

___ INSIDE MAIL _____
Date of Receipt

___ RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS _____
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): _____

Postmark and/or Date of Receipt

RD
Preparer

July 27, 1999
Date Prepared

9902005214 3