# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
National Republican Senatorial Committee

2. DATE
8/16/00

SECRETARY OF THE SENATE

(b) Number and Street Address ☐ (Check if address is changed)
425 2nd Street, NE

3. FEC Identification Number
C00027466

00 AUG 16 PM 1:15

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

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 _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (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.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Burns Victory Committee | P.O. Box 75103<br>Washington, DC 20013 | Joint Fundraising Representative |

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 |
|---|---|
| JFR Acct - First Union | 1970 Chain Bridge Road<br>McLean, VA 22102 |

*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 Lydm - Asst. Treasurer | Beth A. Lydm | 8/16/00 |

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 202-694-1100

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**FEC FORM 1**
(revised 4/97)

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

**THE PRECEDING DOCUMENT WAS:**

✓ HAND DELIVERED 8/16/00
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

PG 8/16/00

Preparer Date Prepared