

**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
Robins Kaplan PAC

ADDRESS (Number and street) (Check if address is changed) 1801 K street, N.W.
Suite 1200
Washington DC 20006
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
SEDiamond@rkmc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
2022238604

2. DATE **08 / 26 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00275909**

4. IS THIS STATEMENT NEW (N) OR 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 **Charles A. Hunnicutt**

Signature of Treasurer Electronically Filed by **Charles A. Hunnicutt** Date **08 / 26 / 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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:	House	Senate	President	State District
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- (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

Robins, Kaplan, Miller & Ciresi L.L.P. _____

Mailing Address _____ 2800 LaSalle Plaza _____

_____ 800 LaSalle Avenue _____

_____ Minneapolis _____ MN _____ 55402 - 2015 _____

CITY A

STATE A

ZIP CODE A

Relationship | Sponsor _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Robins Kaplan 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 Scott Diamond

Mailing Address 1801 K Street, N.W.
Suite 1200
Washington DC 20006

Title or Position ▼ Asst. Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20006

Telephone number 202 - 736 - 2611

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 Charles A. Hunnicutt

Mailing Address 1216 Eye Street
Alexandria VA 22307

Title or Position ▼ Partner CITY ▲ Alexandria STATE ▲ VA ZIP CODE ▲ 22307

Telephone number 202 - 736 - 2680

Full Name of Designated Agent Scott Diamond

Mailing Address 1801 K Street, N.W.
Suite 1200
Washington DC 20006

Title or Position ▼ Assistant Treasurer CITY ▲ Washington STATE ▲ DC ZIP CODE ▲ 20006

Telephone number 202 - 736 - 2611

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.

Branch Banking & Trust Co.

Mailing Address

1722 Eye Street, N.W.

Washington

DC

20006

CITY Δ

STATE Δ

ZIP CODE Δ