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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See Instructions)

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Examples: If typing, type
over the lines

12FE4M5

ARTS PAC

ADDRESS (number and street)

1224 M STREET NW

(Check if address
is changed)

WASHINGTON

DC

20005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

12 / 04 / 2002

3. FEC IDENTIFICATION NUMBER

C00364067

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

Michael Lux

Signature of Treasurer

Mike Lux

Date

12 / 05 / 2002

NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9457g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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

FEC FORM 1
(Revised 1/2001)

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 _____

- (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

ART 2002 _____

Mailing Address _____ 430 SOUTH CAPITOL STREET SE _____

WASHINGTON DC 20003

CITY STATE ZIP CODE

Relationship Joint Fundraising _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

ARTS 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 Michael Lux

Mailing Address 224 M Street, NW

Washington DC 20036

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 628 7771

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 Michael Lux

Mailing Address 224 M Street, NW

Washington DC 20036

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 628 7771

Full Name of Designated Agent _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____

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.

| | | | | |
|-----------------|--------------|---------|------------|--|
| | Citibank | | | |
| mailing Address | PO Box 19748 | | | |
| | Washington | DC | 20036 | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | |

Federal Election Commission

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The Commission has added this page to the end of this filing to indicate how it was received.

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