

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED  
FEC MAIL ROOM

|  |   |
|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br>Biotechnology Industry Organization Political Action Committee (BIO PAC) | 2. DATE<br>July 11, 2000 P 12:36  |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br>1625 K Street, N.W.  | 3. FEC IDENTIFICATION NUMBER<br>C00355677   |
| (c) City, State and ZIP Code<br>Washington, DC 20006   | 4. IS THIS STATEMENT AN AMENDMENT?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> 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.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                | Relationship |
|--|---|--------------|
| Biotechnology Industry Organization (BIO)                  | 1625 K Street, N.W.<br>Washington, DC 20006 | Connected    |

Type of Connected Organization

Corporation  Corporation with 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 |
| Public Affairs Support Services, Inc. | 1020 N. Fairfax Street, 5th Floor<br>Alexandria, Virginia 22314 | Treasurer's Agent |

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   |
| Philip J. Uffholz | 1625 K Street, N.W.<br>Washington, DC 20006 | Treasurer           |
| Lisa A. Murphy    | Same as above                               | Assistant Treasurer |

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                     |
| SunTrust Bank                  | 1445 New York Avenue, NW<br>Washington, DC 20005 |

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          |
| Philip J. Uffholz               |                        | July 11, 2000 |

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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br><i>7-11-00</i>             |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                                    |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED (R/C)                              |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                               |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                               |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>_____<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |   |
| <i>JMD</i><br>PREPARER  | <i>7-11-00</i><br>DATE PREPARED               |