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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

US IMMIGRATION REFORM PAC

ADDRESS (number and street) 2700 35TH PLACE

☐ (Check if address is changed)

WASHINGTON DC 20007

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11 14 2001

3. FEC IDENTIFICATION NUMBER ▶ C00253906

THIS STATEMENT ☐ NEW (N) — OR — X 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 WILLIAM W. CHIP

Signature of Treasurer W. W. Chip Date 11 14 2001

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.

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

FEC FORM 1
(Revised 1/01)

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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

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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Write or Type Committee Name
U.S. IMMIGRATION REFORM 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: WILLIAM W. CHIP

Mailing Address: 2700 35th PLACE

WASHINGTON DC 20007-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 202-879-4934

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: WILLIAM W CHIP

Mailing Address: 2700 35th PLACE

WASHINGTON DC 20007-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number 202-879-4934

Full Name of Designated Agent: MARY LOU TANTON

Mailing Address: 2957 ATKINS RD

PETOSKEY MI 49770-

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

PRESIDENT | Telephone number -

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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.

FIRST UNION BANK

Mailing Address 2901 M STREET NW

WASHINGTON DC 20007-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission

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DAC
PREPARER

1/2/01
DATE PREPARED

(6/2000)