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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
SECRETARY OF THE SENATE
03 NOV 25 PM 12:46
Office use only

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

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) 425 SECOND STREET NE

☐ (Check if address is changed)

WASHINGTON | DC | 20002 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M 11 / D D 25 / Y Y Y Y 2003

3. FEC IDENTIFICATION NUMBER C C00027466

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 Melissa Anderson

Signature of Treasurer [signature] Date M M 11 / D D 29 / Y Y Y Y 2003

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				

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

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) [X] This committee is a NAT (National, State (or subordinate) committee of the REP (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**

Inaugural Reunion Committee

Mailing Address **PO Box 75103**

Washington **DC** **20013** –

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **JF Representative**

Type of Connected Organization:

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

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

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.

Wachovia Bank

Mailing Address 1753 Pinnacle Drive

McLean VA 22102

CITY ▲ STATE ▲ ZIP CODE ▲

23020492295
23020492295

EMILY J. REYNOLDS
SECRETARY

PAMELA R. GAMIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 11-25-03
Date of Receipt

_____ REGISTERED/CERTIFIED MAIL_____
Postmarked

_____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION_____
Date of Receipt

_____ OTHER (Specify):_____
_____ PRIORITY MAIL
_____ EXPRESS MAIL
_____ FEDERAL EXPRESS
_____ UPS
_____ AIRBORNE EXPRESS_____
Postmark and/or Date of Receipt

_____ FIRST CLASS MAIL_____
Postmarked

_____ FAX (48-HOUR NOTICES)
_____ FAX (FEC FORM #10)
_____ FAX (CAMPAIGN REPORT) _____
Date of Receipt

_____ NO POSTMARK _____ POSTMARK ILLEGIBLE

_____ RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RD 11-25-03
Preparer **Date Prepared**

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