FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE
02 FEB -5 AM 7:50
Office Use Only

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

Pat Roberts For Senate

ADDRESS (number and street) ▼ Box 15

☐ (Check if address is changed)

Dodge City | KS | 67801 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11 26 2001

3. FEC IDENTIFICATION NUMBER ▶ C 00128876

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 Robert A. Parrish

Signature of Treasurer

Date 12 03 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.

Office Use Only				

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

FEC FORM 1
(Revised 1/01)

FE1AN046

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

Write or Type Committee Name

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.

Bank of America, NA

Mailing Address P.O. Box 798

Wichita | KS | 67201 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Banc of America Investment Services, Inc.

Mailing Address 900 West Trade Street

NC 1-026-05-01

Charlotte | NC | 28255 -

CITY ▲ STATE ▲ ZIP CODE ▲

JERI THOMSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____ **HAND DELIVERED** _____
Date of Receipt

____ **FAX (48-HOUR NOTICES)** _____
Date of Receipt

____ **INSIDE MAIL** _____
Date of Receipt

____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
Date of Receipt

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

✓ **FIRST CLASS MAIL** 12/3/01
Postmarked

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

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

Preparer **Date Prepared** 2/5/02