STATEMENT OF ORGANIZATION

(See reverse side for instructions)

2002017041 4

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)	2. DATE
National Republican Senatorial Committee	6/6/00
(b) Number and Street Address ☐ (Check if address is changed)	3. FEC Identification Number
425 2nd Street, NE	C00027466
(c) City, State and ZIP Code	4. Is This Report An Amendment?
Washington, DC 20002	☒ YES ☐ NO

SECRETARY OF THE SENATE
CONTRACT FILE 25
H.D.

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 _____ (name of candidate) and is NOT an authorized committee.

☐ (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 a party committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Grams Victory Committee	P.O. Box 75103 Washington, DC 20013	Joint Fundraising Representative

Type of Connected Organization
☐ Corporation ☐ Corporation w/o 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

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

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

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
Beth Lydon, Asst. Treasurer	Beth Lydon	6/6/00

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-894-1100

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FEC FORM 1
(revised 4/87)

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GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0022

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 6/6/00
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 _____
Postmarked

____ REGISTERED/CERTIFIED MAIL _____
Postmarked

____ NO POSTMARK ____ POSTMARK ILLEGIBLE

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

R D 6/6/00
Preparer Date Prepared

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