

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Off. Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO PAC)

ADDRESS (Home or street) 1225 EYE STREET, N.W.
 (Check if address is changed) SUITE 400
 WASHINGTON DC 20005
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
pnorman@bio.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
n/a

2. DATE **03 / 28 / 2003**

3. FEC IDENTIFICATION NUMBER **C00355677**

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 **Peter S. Norman**

Signature of Treasurer Electronically Filed by Peter S. Norman Date **03 / 28 / 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

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

Biotechnology Industry Organization (BIO) _____

Mailing Address _____ 1225 Eye Street N.W. _____

_____ Suite 400 _____

_____ Washington _____ DC _____ 20005 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ Connected _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

BIOTECHNOLOGY INDUSTRY ORGANIZATION PAC (BIO 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 **Peter S. Norman**

Mailing Address **GPO PASS**

1020 N. Fairfax Street Fifth Floor

Alexandria VA 22314

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

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 **Peter S. Norman**

Mailing Address **1225 Eye Street N.W.**
Suite 400

Washington DC 20005

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

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.

SunTrust Bank

Mailing Address

1445 New York Avenue NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ