STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) National Republican Senatorial Committee	2. DATE 10/2/95
(b) Number and Street Address ☐ (Check if address is changed) 425 Second Street, N.E.	3. FEC Identification Number C00027466
(c) City, State and ZIP Code Washington, D. C. 20002	4. Is This Report An Amendment? ☒ YES ☐ NO

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

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

☐ (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

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
Maureen Goodyear	425 Second Street, N.E., Washington DC	Treasurer
Stan Huckaby	425 Second Street, N.E., Washington DC	Assistant Treasurer

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
Maureen Goodyear	Maureen Goodyear	10/6/95

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 202-219-3420

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FEC FORM 1
(revised 4/87)

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KELLY D. JOHNSTON
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 Oct. 10, 1995
Date of Receipt

____ INSIDE MAIL _____
Date of Receipt

____ RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS _____
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): _____

_____
Postmark and/or Date of Receipt

DM Oct. 10, 1995
Preparer Date Prepared

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