STATEMENT OF ORGANIZATION

(See reverse side for instructions)

(a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed) PAT ROBERTS FOR SENATE	2. DATE 3/29/01
(b) Number and Street Address ☐ (Check if address is changed) P.O. BOX 433	3. FEC Identification Number C00128876
(c) City, State and ZIP Code GREAT BEND, KS 67530	4. Is This Report An Amendment? ☒ YES ☐ NO

SECRETARY OF THE SENATE
01 APR -2 PM 1:33

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
W/N 2001 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
First Union Bank	1970 Chain Bridge Road, McLean VA 22102

...tify 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
RICHARD A. BALL (ASSISTANT TREAS.) ROBERT A. PARRISH (TREASURER)	Richard A. Ball Asst Treas	3/29/01

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

FEBAN121

FEC FORM 1
(revised 4/87)

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
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_____
Postmarked

✓ REGISTERED/CERTIFIED MAIL 3/29/01
Postmarked

____NO POSTMARK ____POSTMARK ILLEGIBLE

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

RD 4/2/01
Preparer Date Prepared

2102061418