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2003 JUN -2 A 9 23

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See Instructions)

Cites use only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: if typing, type  
over the lines

12FEAM5

ARTS PAC

ADDRESS (number and street)

1224 M STREET NW

(Check if address  
is changed)

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

05 / 21 / 2003

3. FEC IDENTIFICATION NUMBER

C00364067

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 Peggy Kaplan

Signature of Treasurer

*Peggy Kaplan*

Date

05 / 23 / 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

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9580  
Local 202-694-1110

FEC FORM 1  
(Revised 1/2001)

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

**ARTS 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 Peggy Kaplan

Mailing Address c/o Arts PAC  
1224 M Street, NW  
Washington DC 20005

Title or Position  CITY  STATE  ZIP CODE   
Treasurer Telephone number 202 628 7771

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 Peggy Kaplan

Mailing Address c/o Arts PAC  
1224 M Street, NW  
Washington DC 20005

Title or Position  CITY  STATE  ZIP CODE   
Treasurer Telephone number 202 628 7771

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.

Citibank

Mailing Address

PO Box 19748

Washington DC 20038

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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