24020160656
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FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

SECRETARY OF THE SENATE
04 MAR -5 PM 5:06 HD
Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4M5

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

ADDRESS (number and street) 425 SECOND STREET NE

☐ (Check if address is changed)

WASHINGTON DC 20002 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M 03 / D D 04 / Y Y Y Y 2004

3. FEC IDENTIFICATION NUMBER C C00027466

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

Signature of Treasurer Date M M / D D / Y Y Y Y

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

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 NAT (National, State (or subordinate) committee of the REP (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

Thune for America's Future Committee

Mailing Address PO Box 75103

Washington DC 20013

CITY STATE ZIP CODE

Relationship JF Representative

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

24020160659

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.

Wachovia Bank

Mailing Address 1753 Pinnacle Drive

McLean | VA | 22102 -

CITY ▲ STATE ▲ ZIP CODE ▲

24020160660
24020160660

EMILY J. REYNOLDS
SECRETARY

PAMELA S. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7118
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 03-05-04
Date of Receipt

____ REGISTERED/CERTIFIED MAIL _____
Postmarked

____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

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

____ FIRST CLASS MAIL _____
Postmarked

____ FAX (48-HOUR NOTICES)
____ FAX (FEC FORM #10)
____ FAX (CAMPAIGN REPORT) _____
Date of Receipt

____ NO POSTMARK ____ POSTMARK ILLEGIBLE

____ RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RD 03-05-04
Preparer Date Prepared

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