02/11/2003 11 : 17

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

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

Motorola, Inc. Political Action Committee

ADDRESS (Number and street)

1350 I Street, N.W., Suite 400

(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 02 11 2003

3. **FEC IDENTIFICATION NUMBER** C00075341

4. IS THIS STATEMENT NEW (N) OR X 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 Bruce Forsberg

Signature of Treasurer Electronically Filed by Bruce Forsberg Date 02 11 2003

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 202-694-110

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) X 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

Motorola, Inc.

Mailing Address 1350 I Street, NW

Suite 400

Washington DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Connected

Type of Connected Organization:

X Corporation Corporation w/o Capital Stock Labor Organization

Membership Organization Trade Association Cooperative

Write or Type Committee Name

Motorola; Inc. Political Action 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: Joann Piccolo

Mailing Address: 1350 I Street, NW
Suite 400
Washington DC 20005 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Assistant 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: Bruce Forsberg

Mailing Address: 1303 East Algonquin Rd
Schaumburg IL 60196 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number 847 – 576 – 2670

Full Name of Designated Agent: Joann Piccolo

Mailing Address: 1350 I Street, NW
Suite 400
Washington DC 20005 –
CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Assistant Treasurer

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.

Harris Trust and Savings Bank

Mailing Address 111 West Monroe Street

Chicago IL 60690 -

CITY △ STATE △ ZIP CODE △

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. **[ADDITIONAL]**

First American Bank

Mailing Address 1000 Main Street

San Diego CA 92120 -

CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee **[ADDITIONAL]**

Mailing Address

CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Designated Agent **[ADDITIONAL]**

Full Name _____

Mailing Address _____

Title or Position ▼ **CITY ▲** **STATE▲** **ZIP CODE ▲**

_____ Telephone number _____ – _____ – _____