

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

FEDERAL ELECTION COMMISSION

Mar 15 12 02 PM '96

| | |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) NWSEO Coalition for Employee Protection Fund | 2. DATE 5-14-96 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 601 Pennsylvania Ave, NW, Suite 900 | 3. FEC Identification Number |
| (c) City, State and ZIP Code Washington, D.C. 20004 | 4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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 <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> 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 |
|---------------|---|-------------------|
| Peter J. Nuhn | 601 Pennsylvania Ave, NW, Suite 900, W.D.C. | Treasurer |

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 |
|---------------|---|-------------------|
| Peter J. Nuhn | 601 Pennsylvania Ave, NW, Suite 900, W.D.C. | 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 |
|---------------------------------------|---|
| First Union National Bank of Virginia | 7620 Little River Turnpike Annandale, VA 22003 |

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 Peter J. Nuhn | SIGNATURE OF TREASURER | DATE 5-14-96 |
|--|----------------------------|-----------------|

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.

For further information contact
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FESAN045

FEC FORM 1
(revised 4/87)

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Federal Election Commission
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JMH
PREPARER

5/15/96
DATE PREPARED

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