22020252953

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
02 APR 16 PM 12:07
Office use only

1. NAME OF COMMITTEE (In full) ☐ (Check if name is changed) Example: If typing, type over the lines 12FE4MS

Pat Roberts for Senate

ADDRESS (number and street)

Box 433

☐ (Check if address is changed)

Great Bend, KS 67530

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 / 16 / 2002

3. FEC IDENTIFICATION NUMBER ▶ C00128876

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 Robert Parrish

Signature of Treasurer Robert Parrish Date 04 / 16 / 2002

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 FROM 1
(Revised 1/2001)

22020252954

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: Pat Roberts

Candidate Party Affiliation: [ ] Rep [ ] Dem

Office Sought: [ ] House [ ] Senate [ ] President

State: K S

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) [X] 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

W/N 2002

Mailing Address: P.O. Box 75103

Washington | DC | 20013 -

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Affiliated

Type of Connected Organization:

[ ] Corporation [ ] Corporation w/o Capital Stock [ ] Labor Organization

[ ] Membership Organization [ ] Trade Association [ ] Cooperative

Write or Type Committee Name

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

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.

First Union National Bank

Mailing Address 1970 Chain Bridge Rd

McLean | VA | 22102 -

CITY ▲ STATE ▲ ZIP CODE ▲

22020252957

JERI THOMSON
SECRETARY

PAMELA R. BAVIN
SUPERINTENDENT

HART BUILDING
Suite 232
WASHINGTON, DC 20510-7116
PHONE 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 4/18/02
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** _____
Postmarked

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

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

RD 4/18/02
Preparer **Date Prepared**