23020332997

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE
03 JUL 31 AM 11:53 MD
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 MM 07 / DD 31 / YYYY 2003

3. FEC IDENTIFICATION NUMBER C C00027466

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 Melinda Anderson

Signature of Treasurer [signature] Date MM 07 / DD 31 / YYYY 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 202-694-1100

FEC FORM 1
(Revised 02/2001)

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) [X] 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**

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

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 **Melinda Anderson**

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer

Telephone number

8. **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

CITY ▲ STATE ▲ ZIP CODE ▲

23020333001

EMILY J. REYNOLDS
SECRETARY

PAMELA B. 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 07-31-03
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 07-31-03
Preparer Date Prepared

23020333002