

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

Office Use Only
02 OCT 11 PM 1:34

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Perkins For Senate

ADDRESS (number and street) PO Box 36

(Check if address is changed) Baker LA 70704

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 10 07 2002

3. FEC IDENTIFICATION NUMBER C 00379354

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 William R. Burt

Signature of Treasurer [Signature] Date 10 07 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.

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 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) 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.

B. 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

Perkins For Senate

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.

Mailing Address

same

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

JERI THOMSON
SECRETARY

PAMELA B. GAY
CLERK

U.S. OFFICE OF THE CLERK
445 RAYBURN
WASHINGTON, DC 20540-1000
202-224-7000

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

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FAX (48-HOUR NOTICES) _____

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RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____

Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____

Date of Receipt

FIRST CLASS MAIL 10/8/00
Postmarked

REGISTERED/CERTIFIED MAIL _____

Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____


AIRBORNE EXPRESS

EXPRESS MAIL

FEDERAL EXPRESS

UPS

Postmark and/or Date of Receipt

 _____
Preparer

10/11/00
Date Prepared

22020652007
22020652007

