

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2001 APR -2 P 1:08

RECEIVED
FEDERAL ELECTION COMMISSION
01 APR -3 PM 2:44

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

BILL FRIST FOR SENATE 1994

ADDRESS (number and street)

P.O. BOX 158552

(Check if address
is changed)

NASHVILLE

TN

37215

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

03 27 2001

3. FEC IDENTIFICATION NUMBER ▶

C00284562

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

James D. Catigiani

Signature of Treasurer

James D. Catigiani

Date

03 27 2001

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 202-694-7100

FEC FORM 1
(Revised 1/01)

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 WILLIAM H. FRIST M.D.

Candidate Party Affiliation REP Office Sought: House Senate President State TN 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.

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

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 DAWN PERKESON

Mailing Address PO BOX 158552

NASHVILLE TN 37215

Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE

Telephone number 615-386-0045

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 LINDS D. CATTIGNANI

Mailing Address PO BOX 158552

NASHVILLE TN 37215

Title or Position TREASURER CITY STATE ZIP CODE

Telephone number 615-386-0045

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.

~~United Bank~~ FIRSTAR

Mailing Address

150 4th Avenue

WASHVILLE

TN

37219

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

SUNTRUST

Mailing Address

201 4th Avenue

Nashville

TN

37219

CITY ▲

STATE ▲

ZIP CODE ▲

0
1
2
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

 HAND DELIVERED
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 4/3/01
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 4/3/01
Preparer Date Prepared

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