FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM
2001 APR -6 P 1:01

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: if typing, type over the lines. 12FE4M5

DRAFT SUNUNU.com Committee

ADDRESS (number and street) P O Box 220

(Check if address is changed)

HANCOCK NH 03449

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

draftsununu@sunu.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

DRAFTSUNUNU.com

2. DATE 04 02 2001

3. FEC IDENTIFICATION NUMBER ▶ C

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 H Lauren Carney

Signature of Treasurer H Lauren Carney Date 04 02 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 202-694-1100

FE1AN048.PDF

FEC FORM 1
(Revised 1/01)

C20010156

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 JOHN E SUNUNU

(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: BRIAN MOUSHEGIAN

Mailing Address: 78 TENNYSON AVE

NASHUA | NH | 03062-

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: KAREN CHARLEY

Mailing Address: 30 HOWETT MILL ROAD

HAMPDEN | NH | 03849-

Title or Position▼: TREASURER | 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.

BANK OF NH

Mailing Address 120 GROVE STREET

PETERBOROUGH NH 03458

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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JH — PREPARER

4-6-01 — DATE PREPARED

(6/2000)

21020070100

GARY SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7115
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

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RD — **Preparer**

4/10/01 — **Date Prepared**