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PUBLIC HEALTH SERVICE
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FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

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

12FE4M5

Bowles - Kirk Victory Fund

ADDRESS (number and area) 4021 Barrett Drive

(Check if address is changed) Raleigh NC 27609 6610

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 07 / 29 / 2002

3. FEC IDENTIFICATION NUMBER

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 Christie B Barbee

Signature of Treasurer *Christie B Barbee* Electronically Filed by Christie B Barbee Date 07 / 29 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 Sought 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.

6. Name of Any Connected Organization or Affiliated Committee

Erskine Bowles for US Senate _____

Mailing Address _____ PO Box 28147 _____

_____ Raleigh _____ NC _____ 27611 - 8147 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ Joint Fundraising Participant _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

Bowles - Kirk Victory Fund

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 Catherine Dunn

Mailing Address PO Box 28147

Raleigh NC 27611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Compliance Officer Telephone number 919 781 4022

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 Christie B Barbee

Mailing Address PO Box 28147

Raleigh NC 27611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 919 781 4022

Full Name of Designated Agent Catherine Dunn

Mailing Address PO Box 28147

Raleigh NC 27611

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Compliance Officer Telephone number 919 781 4022

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

NC 1136

201 College Street

Charlotte

NC

28208

1135

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Ron Kirk for US Senate

Mailing Address

2800 North Henderson Street

Suite 208

Dallas

TX

75206

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint Fundraising Representative

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - _____

JERI THOMSON
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT
HARRIS BUILDING
SUITE 202
WASHINGTON, DC 20510-7116
Phone: 202-224-6022

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

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 FIRST CLASS MAIL 7/30/02
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 PG

 8/5/02

Preparer

Date Prepared