

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|   |  |
|---|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>The People's Will</b>              | 2. DATE<br><b>12/16/98</b>   |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>607 14th Street, NW, Suite 800</b> | 3. FEC Identification Number   |
| (c) City, State and ZIP Code<br><b>Washington, DC 20005</b>   | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

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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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |

(c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee.  
(name of candidate)

(d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party.  
(National, State or subordinate) (Democratic, Republican, etc.)

(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 a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|------------------------------|--------------|
| None  |                              |              |

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

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 |
|--------------|---|-------------------|
| John W. Cork | 607 14th St., NW, Suite 800, Washington, DC 20005 | Treasurer         |

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    | Mailing Address                                   | Title or Position   |
|--------------|---|---------------------|
| John W. Cork | 607 14th St., NW, Suite 800, Washington, DC 20005 | Treasurer           |
| Darin Scott  | 607 14th St., NW, Suite 800, Washington, DC 20005 | Assistant Treasurer |

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 and ZIP Code              |
|--------------------------------|---|
| Citibank, FSB                  | 1400 G Street, NW<br>Washington, DC 20005 |

*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<br><b>John W. Cork</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>12/16/98</b> |
|--|----------------------------|-------------------------|

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.

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

|   |   |
|---|---|
| <input checked="" type="checkbox"/> Hand Delivered                                  | Date of Receipt<br><i>12-17-98</i>            |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                                    |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                                    |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                               |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                               |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>_____<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |   |
| <i>SEN</i><br>PREPARER  | <i>12-17-98</i><br>DATE PREPARED              |