

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

09 OCT 19 PM 3:59

Office Use Only

1 NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing type over the lines 12FE4M5

THE 2006 FINISH LINE CANDIDATE FUND

ADDRESS (number and street) P.O. BOX 75103

[] (Check if address is changed) WASHINGTON DC 20013

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS drobinson@nrsc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 2026754730

2 DATE 10 19 2006

3 FEC IDENTIFICATION NUMBER C

4 IS THIS STATEMENT [x] 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 Douglas W. Robinson

Signature of Treasurer [Signature] Date 10 19 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g

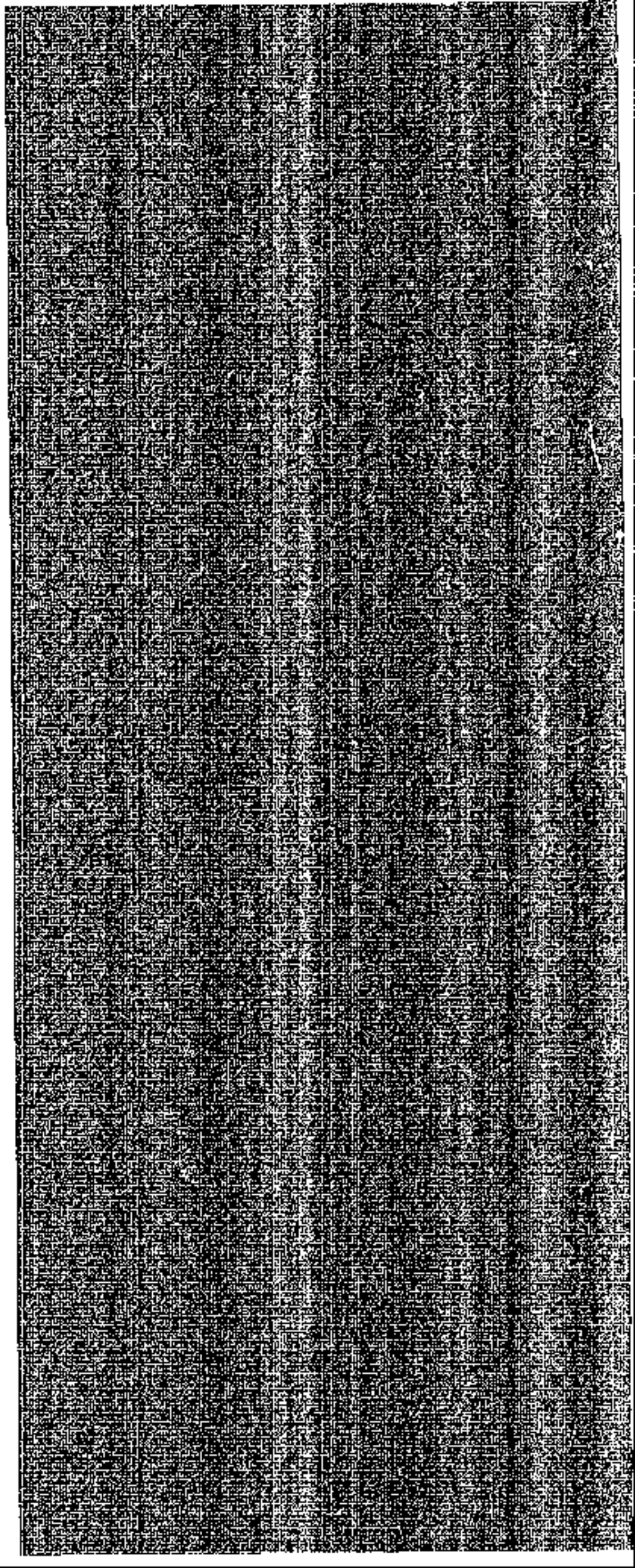
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission, Tail Free 800-424-9536 Local 202-694-1100

FEC FORM 1 (Revised 02/2002)

04 07 09 03 00 02 00 00 04



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

BOUCHARD FOR US SENATE _____

Mailing Address **280 WEST MAPLE SUITE 202** _____

BIRMINGHAM **MI** **48009** _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **JOINT FR PARTICIPANT** _____

Type of Connected Organization:

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

2602000229

Write or Type Committee Name

THE 2006 FINISH LINE CANDIDATE 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 | **DOUGLAS W. ROBINSON**

Mailing Address | **P.O. BOX 75103**

| **WASHINGTON** | **DC** | **20013** -

Title of Position ▼ | **CITY ▲** | **STATE ▲** | **ZIP CODE ▲**

TREASURER | Telephone number **202** - **675** - **6000**

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 | **DOUGLAS W. ROBINSON**

Mailing Address | **P.O. BOX 75103**

| **WASHINGTON** | **DC** | **20013** -

Title of Position ▼ | **CITY ▲** | **STATE ▲** | **ZIP CODE ▲**

Telephone number _____

Full Name of Designated Agent | **TIMOTHY C. BEALL**

Mailing Address | **P.O. BOX 75103**

| **WASHINGTON** | **DC** | **20013** -

Title of Position ▼ | **CITY ▲** | **STATE ▲** | **ZIP CODE ▲**

ASSISTANT TREASURER | Telephone number **202** - **675** - **6000**

26020862294

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.

WACHOVIA BANK

Mailing Address

1753 PINNACLE DRIVE

3RD FLOOR

MCLEAN

VA

22102

CITY ▲

STATE ▲

ZIP CODE ▲

26020862295

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

MARK KENNEDY 06

Mailing Address

PO BOX 49333

BLAINE

MN

55449

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FR PARTICIPANT

Type of Connected Organization.

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26020852296

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____

26020862297

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

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

BOB CORKER FOR SENATE

Mailing Address

518 GEORGIA AVE 2ND FLOOR

CHATANOOGA

TN

37403

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FR PARTICIPANT

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26020852490

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

_____ Telephone number _____

25020862799

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

TOM KEAN FOR US SENATE INC

Mailing Address

PO BOX 225

COLONIA

NJ

07067

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FR PARTICIPANT

Type of Connected Organization.

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

26020862300

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

26020862301

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.

[ADDITIONAL]

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address

425 SECOND STREET NE

WASHINGTON

DC

20002

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

JOINT FR PARTICIPANT

Type of Connected Organization

Corporation

Membership Organization

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

26020862302

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____-____-____

26020852303

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 10-19-06
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE NO POSTMARK

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Date of Receipt

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Date of Receipt or Postmark

PREPARER RD DATE PREPARED 10-19-09

20020362304

26020862305

