

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

2000 MAY -2 A 9 24

May 1, 2000

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Dear Filing Official:

Enclosed herewith please find the original signed copy of the FEC Form 1 for  
*NorthPoint Communications, Inc. Political Action Committee (NorthPoint PAC).*

Please endorse this transmittal letter as acknowledgement of receipt of the  
enclosed report and return it in the stamped envelope provided.

Thank you,



Angela Driscoll  
Regulatory Relations Specialist

cc: California  
C: Lynch - Nielsen, Merksamer, et al.

303 Second Street, South Tower, San Francisco, CA 94103 | 415.403.4003 tel | 415.403.4004 fax | www.northpoint.net



NorthPoint

NorthPoint Communications

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM**

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|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br><b>NorthPoint Communications, Inc. Political<br/>Action Committee (NorthPoint PAC)</b> | 2. DATE<br><b>4/26/00</b>  |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed)<br><b>303 Second Street, South Tower</b>  | 3. FEC Identification Number   |
| (c) City, State and ZIP Code<br><b>San Francisco, CA 94107</b>   | 4. Is This Report An Amendment?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |

**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 |
|---|---|--------------|
| NorthPoint Communications, Inc.                               | 303 Second Street, South Tower<br>San Francisco, CA 94107 | Connected    |

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           |
| <b>Angela Driscoll</b> | <b>303 Second Street, South Tower<br/>San Francisco, CA 94107</b> | <b>Regulatory Relations</b> |

**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 |
| <b>Gregg Orf</b> | <b>303 Second Street, South Tower<br/>San Francisco, CA 94107</b> | <b>Treasurer</b>  |

**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                          |
| <b>Union Bank of California, N.A.</b> | <b>1980 Saturn Street<br/>Monterey Park, CA 91755</b> |

*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>Gregg Orf</b> | SIGNATURE OF TREASURER<br> | DATE<br><b>04/26/00</b> |
|---|----------------------------|-------------------------|

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.

For further information contact:  
 Federal Election Commission  
 Toll-free 800-424-9530  
 Local 202-694-1100

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**FEC FORM 1**  
(revised 4/97)

**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>5-2-00            |
| <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>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>SEA</i><br>PREPARER  | 5-2-00<br>DATE PREPARED              |