

RECEIVED  
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H.D.

**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  
**2002 Great Northwest Classic Committee**

12FE4MS

ADDRESS (number and street) **PO Box 75103**  
 (Check if address is changed)  
**Washington DC 20013**  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE **07 / 02 / 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 **Doug Robinson**

Signature of Treasurer *Doug Robinson* Date

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

Office Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 1/2001)

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

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Mailing Address \_\_\_\_\_ 425 SECOND STREET NE \_\_\_\_\_

\_\_\_\_\_

WASHINGTON DC 20002 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship J.F. Participant

Type of Connected Organization:

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

Write or Type Committee Name

**2002 Great Northwest Classic Committee**

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 D. Jan McBride

Mailing Address PO Box 75103

Washington DC 20013

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 Doug Robinson

Mailing Address PO Box 75103

Washington DC 20013

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number \_\_\_\_\_

Full Name of Designated Agent D. Jan McBride

Mailing Address PO Box 75103

Washington DC 20013

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer 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.

**First Union National Bank**

Mailing Address

**1970 Chain Bridge Road**

**McLean**

**VA**

**22102**

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 ]

ALLIANCE FOR THE WEST

\_\_\_\_\_

\_\_\_\_\_

Mailing Address

P.O. Box 26366

\_\_\_\_\_

Alexandria VA 22313

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship JF Participant

Type of Connected Organization:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/n Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> Cooperative        |

**Designated Agent**

**[ ADDITIONAL ]**

Full Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Title or Position

CITY

STATE

ZIP CODE

\_\_\_\_\_

Telephone number

\_\_\_\_-\_\_\_\_-\_\_\_\_

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

**HAND DELIVERED** 7-3-02  
Date of Receipt

**FAX (48-HOUR NOTICES)** \_\_\_\_\_  
Date of Receipt

**INSIDE MAIL** \_\_\_\_\_  
Date of Receipt

**RECEIVED FROM THE LEGISLATIVE RESOURCE  
CENTER** \_\_\_\_\_  
Date of Receipt

**RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION** \_\_\_\_\_  
Date of Receipt

**FIRST CLASS MAIL** \_\_\_\_\_  
Postmarked

**REGISTERED/CERTIFIED MAIL** \_\_\_\_\_  
Postmarked

**NO POSTMARK**       **POSTMARK ILLEGIBLE**

**OTHER (Specify):** \_\_\_\_\_  
 **AIRBORNE EXPRESS**  
 **EXPRESS MAIL**  
 **FEDERAL EXPRESS**  
 **UPS**  
\_\_\_\_\_   
Postmark and/or Date of Receipt

EW      7-3-02  
Preparer      Date Prepared