

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) FITZGERALD FOR SENATE, INC.	UP-901E 17 AM 9:02 13 JULY 01
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 50 NORTH BROOKWAY SUITE 4-9	2. FEC IDENTIFICATION NUMBER 000326124
(c) City, State and ZIP Code PALATINE, IL 60067	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input 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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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

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

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
ADD : CORNERSTONE NATIONAL BANK & TRUST	140 W NORTHWEST HWY. PALATINE, IL. 60067

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 RICHARD A. ROGGEVEEN	SIGNATURE OF TREASURER 	DATE 13 JULY 01
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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.

GARY SERCO
SECRETARY

PAMELA E. GAVIN
SUPERVISOR
MARY BURMAN
SUITE 233
WASHINGTON, DC 20510-7116
PHONE: 202-524-0322

United States Senate

OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
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 7/13/01 _____
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK POSTMARK ILLEGIBLE

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

RD

Preparer

7/17/01

Date Prepared