

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEC MAIL ROOM

2002 MAY 17 A 9 43

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Barrows Victory Committee

ADDRESS (number and street)

P.O. Box 187



(Check if address is changed)

Exeter

Exeter

NH

03833-

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

waynebarrows@attbi.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

Waybarrows2002.com

2. DATE

05 / 15 / 2002

3. FEC IDENTIFICATION NUMBER ▶

C

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 T.M. Dempsey

Signature of Treasurer

T.M. Dempsey

Date

05 / 15 / 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §497g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 Wayne Barrows

Candidate Party Affiliation Rep Office Sought House Senate President State NH District 01

- (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

Mailing Address _____

 _____ - _____
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 Tim Dempsey

Mailing Address P.O. Box 4162
Portsmouth NH 03802-4162

Title or Position Financial Agent CITY STATE ZIP CODE

Telephone number 603-436-5801

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 Tim Dempsey

Mailing Address P.O. Box 4162
Portsmouth NH 03802-4162

Title or Position Financial Agent CITY STATE ZIP CODE

Telephone number 603-436-5801

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

8. 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 Bank

Mailing Address

Pleasant Street Square

Portsmouth NH 03801

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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