

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Off. Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

EL PASO CORPORATION/COASTAL EMP. ACTION

ADDRESS (Home or street) 555 11TH STREET N.W.

(Check if address is changed) SUITE 750

WASHINGTON DC 20004

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

lori.laudien@elpaso.cpm

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 04 / 20 / 2001

3. FEC IDENTIFICATION NUMBER C00091702

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 LORI LAUDIEN

Signature of Treasurer _____ Date 04 / 23 / 2001

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

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

EL PASO CORPORATION _____

Mailing Address _____ 1001 LOUISIANA _____

_____ HOUSTON _____ TX _____ 70002 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ CONNECTED ORGANIZATION _____

Type of Connected Organization:

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

Write or Type Committee Name

EL PASO CORPORATION/COASTAL EMP. ACTION

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 **MARTHA DENBAAS**

Mailing Address **COMERICA BANK PAC SERVICES MC2250**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **RECORD KEEPER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **248 371 7045**

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 **LORI LAUDIEN**

Mailing Address **555 11TH STREET NW**
SUITE 750
WASHINGTON DC 20004 -

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **202 637 3550**

Full Name of Designated Agent **BRIAN HENNEBERRY**

Mailing Address **555 11TH STREET NW**
SUITE 750
WASHINGTON DC 20004 -

Title or Position ▼ **ASSISTANT TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **202 637 3550**

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.

BANKONE GREENWAY

Mailing Address

P.O. BOX 2629

HOUSTON

TX

77252 - 2629

CITY Δ

STATE Δ

ZIP CODE Δ

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]

EL PASO CORPORATION PAC

Mailing Address

555 11TH STREET, NW

SUITE 750

WASHINGTON

DC

20004

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED COMMITTEE

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name WILLIAM WISE

Mailing Address 1001 LOUISIANA

HOUSTON

TX

77002 -

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

CHAIRMAN

Telephone number 713 - 420 - 6029