FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
Road to the Se		
ADDRESS (number and s	treet)	
(Check if addre is changed)	Washington	
COMMITTEE'S E-MAI		STATE ZIP CODE
rjentgens@nrs	c.org	<u></u>
	PAGE ADDRESS (URL)	
COMMITTEE'S FAX N 2026754730		
2. DATE		
3. FEC IDENTIFICA		]
4. IS THIS STATEM		
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
Type or Print Name of	Treasurer ROBERT JENTGENS	
Signature of Treasure	Rada	Date
NOTE: Submission of fal:	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	

Office Use		For further information contact: Federal Election Commission	FEC FORM 1
Only		Toll Free 800-424-9530 Local 202-694-1100	(Revised 02/2003)

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FECForm 1 (Revised 02/2003)

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## 5. TYPE OF COMMITTEE (Check One)

		, , ,							
(a)		This committee is a prin	cipal campaig	gn committee. (Con	plete the candidate	e information	below.)		
(b)		This committee is an au information below.)	thorized com	mittee, and is NOT	a principal campaiç	gn committee	e. (Complete <sup>-</sup>	the candidate	
	me of Indidate		<u> </u>		<u>           </u>		<u>}      </u>	4	
	ndidate rty Affiliatio	n <b>Lit</b>	Office Sought:	House	Senate	<b> </b> P	resident	State District	1 1 1 1
(c)		This committee supports	/opposes only	y one candidate, ar	id is NOT an autho	rized commit	tee.		
	ime of Indidate			1 } 1 1 1 1		!   !		1	
(d)		This committee is a		(National, Sta (or subordina	te te) committee of th	e		Democratic, epublican,etc.)	Party.
(e)		This committee is a sepa	arate segrega	ted fund					
(f)	×	This committee supports committee.	/opposes mo	re than one Federa	I candidate, and is	NOT a sepai	ate segregat	ed fund or part	у
6. Na	ime of Any	Connected Organizatio	n or Affiliated	d Committee					
FR	IENDS O	JOHN BARRASSO							1
<u> </u>	<u> </u>	· · · · · · · · · · · · · · ·	) <u>2</u> 283				⊥ <u>_!_!</u>		
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Re	lationship	JF Participa	nt 	1 1 1 1 1	1 1 1 1 1	1_1_1		<u> 1. I. I. I. I</u>	
Ту	pe of Conn	ected Organization:							
Ľ	Согра	oration		Corporation w/o C	apital Stock	L L	abor Organiz	ation	
	Mem	bership Organization		Trade Association			ooperative		

	FEC Form 1		2003)			H	Page3
	or Type Comm		11 <b>0</b> 111 -				
		· ·	ity Committee				
			tify by name, address, (phone number ooks and records.	optional), and posi	tion of the	e person in	
Ful	ll Name	Robert J	entgens		_    <b> </b>		
Ма	iling Address		PO BOX 75103				
			Washington		2	20013	
Titl	le or Position (	,	CITY A	STAT	IE 🛦	ZIP CO	DDE 🛦
		Treasurer		Telephone number	202	675	6000
na Ful	me and add		esignated agent (e.g., assistant treasu	) of the treasurer of th irer).	e commit		
na Ful of <sup>-</sup>	me and add	ress of any d	esignated agent (e.g., assistant treasu				
na Ful of <sup>-</sup>	me and add II Name Treasurer	ress of any d	esignated agent (e.g., assistant treasu			20013	
na Ful of <sup></sup> Ma	me and add II Name Treasurer	Robert J	esignated agent (e.g., assistant treasu entgens PO BOX 75103	irer).	<u> </u>		
na Ful of <sup></sup> Ma	me and add II Name Treasurer ailing Address le or Position N	Robert J	esignated agent (e.g., assistant treasu entgens PO BOX 75103 Washington	irer). DC	<u> </u>	20013	 DDE▲ 4306
Ful of <sup></sup> Ma Titl Ful De	me and add II Name Treasurer ailing Address le or Position N	Robert J	esignated agent (e.g., assistant treasu entgens PO BOX 75103 Washington CITY A	irer). <u>D(</u>	<u> </u>	20013 ZIP C(	-
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Banks or Other Depositorles: 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.

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 Banks or Other Depositorles:
 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			
		STATE 🗖	
Name of Any Connected Or	ganization or Affiliated Committee		
	ganization or Affiliated Committee		[ ADDITIONAL ]
Name of Any Connected Or	-		
	-		[ ADDITIONAL ]
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Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY	STATE ZIP CODE
		Telephone number

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 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.
 [ADDITIONAL]

 Name of Bank, Depository, etc.
 [ADDITIONAL]

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Name of Any Connect	ed Organization or Affiliated Committee	[ ADDITIONAL ]
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	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
Mailing Address	6850 AUSTIN CENTRE BLVD	
		<b>78731</b>
	CITY	E A ZIP CODE A
Relationship	F Participant	<u>, , , , , , , , , , , , , , , , , , , </u>
Type of Connected Org	anization:	
Corporation	Corporation w/o Capital Stock	Labor Organization
	Irganization Trade Association	Cooperative

Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥	CITY A	STATE ZIP CODE
	Teleph	none number

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. [ ADDITIONAL ]

N	ame	of	Bank,	Depos	itory,	etc.
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Name of Any Connecte	d Organization or Affiliate	ed Committee	[ -	ADDITIONAL ]
JON KYL FOR U S SE			<u> </u>	
	<u></u>			
Mailing Address	PO BOX 10246		1 1 1 1 1 1 1	
				85064
		CITY	STATE 🛦	ZIP CODE 🛦
Relationship	Participant		<u> </u>	
Type of Connected Orga	nization:			
Corporation		Corporation w/o Capital Stock	Labor Org	anization
Membership Or	ganization	Trade Association	Cooperativ	/e

Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE	ZIP CODE 🛦
		Telephone number	
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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. [ ADDITIONAL ] ...

name of bank, bepository, etc.	Name	of	Bank,	Depository, etc.	
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Designated Age	nt							[ ADDITI	ONAL ]
Full Name			1 1 )	1	<u>}    </u>			<u>kkl.</u>	
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Title or Position	v						STATE	ZIP (	
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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.
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## [ ADDITIONAL ]

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Name of Any Connected O	rganization or Affiliated Committee	[ ADDITIONAL ]
FRIENDS OF SESSIONS		
Mailing Address	P O BOX 4278	<u></u>
		AL 36103 -
	CITY	STATE A ZIP CODE A
Relationship	CITY▲ rticipant	STATE A ZIP CODE A
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Type of Connected Organiza	rticipant	

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Designated Agent		[ ADDITIONAL ]
Full Name		
Mailing Address		
Title or Position ♥		STATE ZIP CODE
	Tele	ephone number

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NANCY ERICKSON SECRETARY

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PAMELA B. GAVIN SUPERINTENDENT

Hart Senate Office Building Suite 232 Washington, DC 20510-2116 Phone: (202) 224-0322

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