

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) <div style="font-size: 1.2em; font-family: cursive;">DeWine for US Senate</div>	2. DATE <div style="font-size: 1.2em; font-family: cursive;">4/14/00</div>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <div style="font-size: 1.2em; font-family: cursive;">P.O. Box 340188</div>	3. FEC Identification Number <div style="font-size: 1.2em; font-family: cursive;">C00304543</div>
(c) City, State and ZIP Code <div style="font-size: 1.2em; font-family: cursive;">Columbus, Ohio 43234</div>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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**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.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
W/N 2000 Committee	P.O. Box 75103 Washington, DC 20013	Joint Fundraising Representative

**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
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**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
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**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
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*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	SIGNATURE OF TREASURER	DATE
Jennifer Best, Asst. Treasurer	<i>Jennifer A. Best</i>	4/14/00

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.

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For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

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FEC FORM 1

(revised 4/87)

