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NATIONAL ASSOCIATION OF REALTORS

*The Voice For Real Estate*

2001 JUN 26 A 10:33

EXECUTIVE OFFICES

130 North Michigan Avenue  
Chicago, IL 60611-4087  
800.876.6511 Fax 312.329.5960

700 Eleventh Street, NW  
Washington, DC 20001-4507  
202.383.1000 Fax 202.383.1279

[www.NAAR.COM](http://www.NAAR.COM)

June 22, 2001

Federal Election Commission  
Reports and Analysis Division  
999 E. Street, N.W.  
Washington, DC 20463

Subject: Amended Statement of Organization  
NATIONAL ASSOCIATION OF REALTORS®  
ID# C70002563

Dear Sirs:

Attached is an amended Statement of Organization for the National Association of Realtors® (FEC Assigned ID#C70002563). This ID has been assigned to us in order for our organization to file FEC Form 7 - Report of Communication Costs by Corporations and Membership Organizations.

In speaking with Thomas Maxwell's office on Thursday, June 21<sup>st</sup> regarding the submission of the attached statement amendment, we were told it was permissible to file the statement in paper form, as we are in the process of trying to obtain an electronic password and cannot be given the password until the attached statement has been filed with the Commission's offices.

If you have any questions, please contact us at the address above or directly at 312/329-8233.  
Thank you.

Sincerely,

Pat Kaplan  
Treasurer  
National Association of REALTORS®



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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FB4M5

NATIONAL ASSOCIATION OF REALTORS

ADDRESS (number and street)

430 N MICHIGAN AVENUE

(Check if address  
is changed)

CHICAGO

IL

60611

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

06 21 2001

3. FEC IDENTIFICATION NUMBER ▶

070002563

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

PAT KAPLAN

Signature of Treasurer

Pat Kaplan

Date

06 22 2001

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.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-434-1100

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought  House  Senate  President State  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

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

NATIONAL ASSOCIATION OF REALTORS

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 SUE LOSCZYKMailing Address 430 N MICHIGAN AVENUECHICAGO IL 60611Title or Position FINANCE DIRECTOR CITY CHICAGO STATE IL ZIP CODE 60611Telephone number 312-329-8233

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 PAT KAPLANMailing Address 430 N MICHIGAN AVENUECHICAGO IL 60611Title or Position TREASURER CITY CHICAGO STATE IL ZIP CODE 60611Telephone number 312-329-8200Full Name of Designated Agent DALE A STINTONMailing Address 430 N MICHIGAN AVENUECHICAGO IL 60611Title or Position CEO CITY CHICAGO STATE IL ZIP CODE 60611Telephone number 312-329-8418

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

.....

.....

.....

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>6-26-01</i>
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
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<i>je1</i>	<i>6-26-01</i>
PREPARER	DATE PREPARED