

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED,
SECRETARY OF THE SENATE
1995 DEC 15 PM 12:07
HAND DELIVERED

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Spannaus In '96	2. DATE 12/6/95
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) PO Box 6157	3. FEC Identification Number
(c) City, State and ZIP Code Leesburg VA 22075	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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
NANCY SPANNAUS | Candidate Party Affiliation
Democrat | Office Sought
U.S. Senate | State/District
VA |
|----------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|
- (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
N/A		

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
Terry Hugunin	PO Box 6157, Leesburg VA 22075	Treasurer

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
Terry Hugunin	PO Box 6157, Leesburg VA 22075	Treasurer

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
Washington Federal Savings Bank	345 E. Market St, Leesburg VA 22075

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 Terry Hugunin	SIGNATURE OF TREASURER Terry Hugunin	DATE 12/6/95
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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 202-219-3420

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FEC FORM 1
(revised 4/87)

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