

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM  
1999 NOV 16 1:30

|  |  |
|--|--|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)<br>Elizabeth Dole For President Exploratory Committee, Inc. | 2. DATE<br>November 16, 1999   |
| (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed)<br>P.O. Box 12588                                | 3. FEC Identification Number<br>C00343889  |
| (c) City, State and ZIP Code<br>Arlington, VA 22219  | 4. Is This Report An Amendment?<br><input checked="" type="checkbox"/> YES <input 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<br>Elizabeth Dole | Candidate Party Affiliation<br>Republican | Office Sought<br>President | State/District<br>USA |
|-------------------------------------|---|----------------------------|-----------------------|
- (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 |
|---|------------------------------|--------------|
|   |                              |              |

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   |
| Theodore V. Koch | P.O. Box 12588, Arlington, VA 22219 | Assistant 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   |
| Robert F. Ellsworth | P.O. Box 12588, Arlington, VA 22219 | Treasurer           |
| Theodore V. Koch    | P.O. Box 12588, Arlington, VA 22219 | Assistant 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            |
| BB&T of the District of Columbia       | 1909 K Street, NW, Washington, DC 20006 |
| Burke & Herbert Bank and Trust Company | 100 S. Fairfax St, Alexandria, VA 22314 |

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<br>Theodore V. Koch, Asst. Treasurer | SIGNATURE OF TREASURER<br><i>Theodore V. Koch</i> | DATE<br>11/16/99 |
|--|---|------------------|

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.

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<br><i>11-16-99</i>   |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input type="checkbox"/> Registered/Certified Mail                                  | POSTMARKED                           |
| <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<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <i>ML</i>   | <i>11-16-99</i>                      |
| PREPARER  | DATE PREPARED                        |