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SECRETARY OF THE SENATE

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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

12FE4M5

FRIENDS OF SENATOR FRANK MURKOWSKI

ADDRESS (number and street)

PO Box 5038

(Check if address  
is changed)

McLean

VA

22102

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

01

31

2003

3. FEC IDENTIFICATION NUMBER

CDD181737

4. IS THIS STATEMENT

NEW (N)

OR


AMENDED (A)

I certify that I have examined the Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Tom Roberts

Signature of Treasurer



Date

01

30

2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437g.

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 202-894-1100

FEC FORM 1  
(Revised 1/2001)

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 FRANK SENATOR, MURKOWSKI

Candidate Party Affiliation  REP  Party  Office Sought:  House  Senate  President State  AK District  00

- (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

**FRIENDS OF SENATOR FRANK MURKOWSKI**

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 Janet Klinger

Mailing Address PO Box 3033

Vienna VA 22102

Title or Position  CITY  STATE  ZIP CODE

Telephone number \_\_\_\_\_

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 Tom Roberts

Mailing Address PO Box 3033

McLean VA 22102

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number 202 - 288 - 1800

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Title or Position  CITY  STATE  ZIP CODE

Telephone number \_\_\_\_\_

8. **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.

No Changes

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

**HAND DELIVERED** 01-31-03  
Date of Receipt

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CENTER** \_\_\_\_\_  
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COMMISSION** \_\_\_\_\_  
Date of Receipt

**FIRST CLASS MAIL** \_\_\_\_\_  
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**NO POSTMARK**       **POSTMARK ILLEGIBLE**

**OTHER (Specify):** \_\_\_\_\_  
 **AIRBORNE EXPRESS**  
 **EXPRESS MAIL**  
 **FEDERAL EXPRESS**  
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RD      01-31-03  
Preparer      Date Prepared

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