

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

SECRETARY OF THE SENATE

03 SEP -2 PM 3:00 HD

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 Rockefeller

ADDRESS (number and street)

P.O. Box 1909

(Check if address is changed)

Charleston

WV

25327

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

hglaraputo@obblaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

none

COMMITTEE'S FAX NUMBER

2024640669

2. DATE

SEP 02 2003

3. FEC IDENTIFICATION NUMBER

C00224872

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

Lara Bailey

Signature of Treasurer



Date

SEP 02 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-8530
Local 202-694-110

FEC FORM 1
(Revised 02/2003)

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 John Davidson Rockefeller, IV

Candidate Party Affiliation DEM REP IND LIB OTH

Office Sought House Senate President

State WV 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

none

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 Rockefeller

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 William Oldaker

Mailing Address 618 Connecticut Ave., NW #1100

Washington DC 20006

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Attorney Telephone number 202 728 1010

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 Martha G. Wehrle

Mailing Address PO Box 1808

Charleston WV 25327

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____

Full Name of Designated Agent Lane Batley

Mailing Address 2200 Clarendon Blvd.

Suite 1100

Arlington VA 22201

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number _____

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.

United National Bank

Mailing Address

514 Market St

Parkersburg

WV

26101

CITY ▲

STATE ▲

ZIP CODE ▲

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-1118
Phone: 202-224-0222

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 09-02-03
Date of Receipt

REGISTERED/CERTIFIED MAIL _____
Postmarked

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

OTHER (Specify): _____
 PRIORITY MAIL
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 AIRBORNE EXPRESS _____
Postmark and/or Date of Receipt

FIRST CLASS MAIL _____
Postmarked

FAX (48-HOUR NOTICES)
 FAX (FEC FORM #10)
 FAX (CAMPAIGN REPORT) _____
Date of Receipt

NO POSTMARK **POSTMARK ILLEGIBLE**

**RECEIVED FROM THE LEGISLATIVE RESOURCE
CENTER** _____
Date of Receipt

RD 09-02-03
Preparer Date Prepared

23020351903

