

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Of file only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

DOLE NORTH CAROLINA VICTORY COMMITTEE INC

ADDRESS (Home or street)

P.O. Box 1154

X (Check if address is changed)

Alexandria

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2026725399

2. DATE 05 / 29 / 2003

3. FEC IDENTIFICATION NUMBER C C00378117

4. IS THIS STATEMENT X 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 Mike Mitchell

Signature of Treasurer Electronically Filed by Mike Mitchell

Date 05 / 29 / 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 800-424-9530  
Local 202-894-1110

**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 \_\_\_\_\_

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

ELIZABETH DOLE COMMITTEE INC \_\_\_\_\_

Mailing Address \_\_\_\_\_ PO BOX 291B \_\_\_\_\_

\_\_\_\_\_ RALEIGH \_\_\_\_\_ NC \_\_\_\_\_ 27601 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_ Joint Fundraiser \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**DOLE NORTH CAROLINA VICTORY COMMITTEE INC**

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 Cleta Mitchell, Esq.

Mailing Address 3000 K Street, N.W.

Washington DC 20007 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 295 - 4081

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 Mike Mitchell

Mailing Address 2500 Wachovia Capital Center

Raleigh NC 27601 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 919 - 821 - 6670

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

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

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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.

First Union Capitol Hill Branch

Mailing Address

215 Pennsylvania Avenue, SE

Washington

DC

20001 -

CITY Δ

STATE Δ

ZIP CODE Δ