

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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|                                                                                                  |                                                                |                                                                                                        |
|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| 1. (a) NAME OF COMMITTEE IN FULL<br><b>Right-to-Life of Greater Akron, Inc.<br/>PAC/ARTL-PAC</b> | <input checked="" type="checkbox"/> (Check if name is changed) | 2. DATE<br><b>06/13/2000</b>                                                                           |
| (b) Number and Street Address<br><b>572 WEST Market St. - Suite #2</b>                           | <input type="checkbox"/> (Check if address is changed)         | 3. FEC Identification Number<br><b>C00357962</b>                                                       |
| (c) City, State and ZIP Code<br><b>Akron, OH 44303</b>                                           |                                                                | 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 | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- ☐ (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 |
|---------------------------------------------------------------|----------------------------------------------------|--------------|
| Right-to-Life of Greater Akron, Inc.                          | 572 West Market St.<br>Suite #2<br>Akron, OH 44303 | Connected    |

## 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 |
|-------------------|-------------------------------------|-------------------|
| Gilbert E. Adolph | 572 West Market St. Akron, OH 44303 | 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 |
|-------------------|------------------------------------------------|-------------------|
| Gilbert E. Adolph | 572 W. Market St. - Suite#2<br>Akron, OH 44303 | 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       |
|--------------------------------|------------------------------------|
| Firstmerit Bank N.A.           | 106 S. Main St.<br>Akron, OH 44308 |

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><b>Gilbert E. Adolph</b> | SIGNATURE OF TREASURER<br><i>Gilbert E. Adolph</i> | DATE<br><b>06/13/00</b> |
|-------------------------------------------------------------|----------------------------------------------------|-------------------------|

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.

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-694-1100

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**FEC FORM 1**  
(revised 4/87)

## 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 type="checkbox"/> Hand Delivered | Date of Receipt |
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| <input type="checkbox"/> First Class Mail | POSTMARKED |
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| <input checked="" type="checkbox"/> Registered/Certified Mail | POSTMARKED<br>6-14-00 |
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| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
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| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
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| <input type="checkbox"/> Other ( Specify): | Postmarked<br>and/or Date of Receipt |
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| <input type="checkbox"/> Electronic Filing |
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*Jm P*  
PREPARER

*6-21-00*  
DATE PREPARED