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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

DAVIDSON COUNTY DEMOCRATIC EXECUTIVE COMMITTEE

ADDRESS (number and street)

227 FRENCH LANDING DRIVE

(Check if address is changed)

SUITE 250-A

WASHVILLE

TN

37228

OR P.O. BOX 331128

NASHVILLE - TN 37203 CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

VOLUNTEER@DAVIDSONDEMOCRATS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DAVIDSONDEMOCRATS.COM

COMMITTEE'S FAX NUMBER

615-251-8843

2. DATE

08

08

2005

3. FEC IDENTIFICATION NUMBER ▶

C00405894

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

LINDA MCFADYEN-KETCHUM

Signature of Treasurer

Linda McFadyen-Ketchum

Date

08

08

2005

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.

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

2505883019

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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (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

TENNESSEE DEMOCRATIC PARTY

Mailing Address 223 8TH AVENUE
 STE 200
 NASHVILLE TN 37203-
 CITY STATE ZIP CODE

Relationship AFFILIATED

Type of Connected Organization:

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

250113030409

Write or Type Committee Name

DAVIDSON COUNTY DEMOCRATIC EXECUTIVE COMM

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 LINDA MCFADYEN-KETCHUM

Mailing Address 5201 PARK AVE

WASHVILLE TN 37209

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 615-251-8823

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 LINDA MCFADYEN-KETCHUM

Mailing Address 5201 PARK AVE

WASHVILLE TN 37209

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 615-251-8823

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

25030683020

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.

WAM SOUTH BANK

Mailing Address

315 DEADERICK ST.

WASHVILLE

TN

37238

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

2503885021

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

8/15/05
 DATE PREPARED

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