

**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

Drinker Biddle Political Action Committee

ADDRESS (Number and street) (Check if address is changed)

1500 K Street, NW
Suite 1100
Washington DC 20005

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE **01 / 31 / 2002**

3. FEC IDENTIFICATION NUMBER **C00370759**

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 **Gregg Melinson**

Signature of Treasurer Electronically Filed by Gregg Melinson Date **01 / 31 / 2002**

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

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 | Office | | | | State |
| Party Affiliation | Sought: | House | Senate | President | 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

Drinker Biddle Political Action Committee

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 Christopher E. Wilson

Mailing Address 1500 K Street, NW
Suite 1100
Washington DC 20005 - 1209

Title or Position ▼ Administrator CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 354 - 1324

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 Gregg Melinson

Mailing Address One Logan Square
18th and Cherry Streets
Philadelphia PA 19103 - 6996

Title or Position ▼ Attorney CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 215 - 988 - 2648

Full Name of Designated Agent Jennifer Blum

Mailing Address 1500 K Street, NW
Suite 1100
Washington DC 20005 - 1209

Title or Position ▼ Attorney CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 354 - 1329

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

Mailing Address

1510 K Street, NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ