

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Democratic Women's Forum of Orange County	2. DATE January 31, 2000
(b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 31462 Flying Cloud Drive	3. FEC IDENTIFICATION NUMBER 0000326223
(c) City, State and ZIP Code Laguna Niguel, CA 92677	4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

RECEIVED
 FEDERAL ELECTION
 COMMISSION MAIL ROOM

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 subordinate committee of the Democratic 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.

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Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
none		

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
Kimberly Anne Salter	31462 Flying Cloud Drive Laguna Niguel, CA 92677	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
Kimberly Anne Salter	31462 Flying Cloud Drive Laguna Niguel, CA 92677	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
Downey Savings	27120-A Alicia Parkway Laguna Niguel, CA 92677

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 Kimberly A. Salter	SIGNATURE OF TREASURER 	DATE 1/31/00
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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.

