# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Democratic Senatorial Campaign Committee

2. DATE
4/12/01

(b) Number and Street Address ☐ (Check if address is changed)
430 South Capitol Street, SE

3. FEC IDENTIFICATION NUMBER
C00042366

(c) City, State and ZIP Code
Washington, DC 20003

01 APR 12 PM 4:27

4. IS THIS STATEMENT AN AMENDMENT?
☒ YES ☐ 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 National 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.

6.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Louisiana Senate 2002 | 430 South Capitol Street, SE<br>Washington, DC 20003 | Joint Fundraiser |

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 |
|---|---|---|
| James M. Jordan | 430 South Capitol Street, SE<br>Washington, DC 20003 | 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 |
|---|---|---|
| James M. Jordan | 430 South Capitol Street, SE, Washington, DC 20003 | Treasurer |
| Andrew Grossman | 430 South Capitol Street, SE, Washington, DC 20003 | Asst. Treas. |
| Darlene Setter | 430 South Capitol Street, SE, Washington, DC 20003 | Asst. Treas. |

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 |
|---|---|
| Bank of America | 730 15th Street, NW, Washington, DC 20005 |

*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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| James M. Jordan | James M. Jordan | 4/12/01 |

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

GARY SISCO
SECRETARY

PAMELA S. GAVIN
SUPERVISOR OF RECORDS

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

**THE PRECEDING DOCUMENT WAS:**

✓ **HAND DELIVERED** 4/12/01
**Date of Receipt**

____ **FAX (48-HOUR NOTICES)** _____
**Date of Receipt**

____ **INSIDE MAIL** _____
**Date of Receipt**

____ **RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER** _____
**Date of Receipt**

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
**Date of Receipt**

____ **FIRST CLASS MAIL** _____
**Postmarked**

____ **REGISTERED/CERTIFIED MAIL** _____
**Postmarked**

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

____ **OTHER (Specify):** _____
____ **AIRBORNE EXPRESS**
____ **EXPRESS MAIL**
____ **FEDERAL EXPRESS**
____ **UPS**
_____
**Postmark and/or Date of Receipt**

SM 4/12/01
**Preparer** **Date Prepared**