# 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 9/11/98 |
| (b) Number and Street Address ☐ (Check if address is changed) 430 S. Capitol St. S.E. | 3. FEC IDENTIFICATION NUMBER C00042366 |
| (c) City, State and ZIP Code Washington, D.C. 20003 | 4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO |

SECRETARY OF STATE PUBLIC 98 SEP 3 AM 8:10

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 _____ (name of candidate) and is NOT an authorized committee.

☒ (d) This committee is a National (National, State or subordinate) committee of the Democratic (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| Victory in '98 | 430 S. Capitol St. S.E. Washington, D.C. 20003 | Joint Fundraising Committee |

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 |
|---|---|---|
| Paul A. Johnson | 430 S. Capitol St.-S.E., Washington, D.C. 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 |
|---|---|---|
| Paul A. Johnson | 430 S. Capitol St. S.E., Washington, D.C. 20003 | Treasurer |
| Darlene Setter | 430 S. Capitol St. S.E., Washington, D.C. 20003 | Asst. 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 |
|---|---|
| NationsBank | 730 15th St. N.W., Washington, D.C. 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 |
|---|---|---|
| Paul A. Johnson | [signature] | 9/11/98 |

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)

98020193359

GARY L. SISCO
SECRETARY

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

**THE PRECEDING DOCUMENT WAS:**

____ **HAND DELIVERED** _____
Date of Receipt

____ **INSIDE MAIL** _____
Date of Receipt

____ **RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS** _____
Date of Receipt

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

✓ **FIRST CLASS MAIL** 9/17/98
Postmarked

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **NO POSTMARK**

____ **POSTMARK ILLEGIBLE**

____ **OTHER (Specify):** _____

_____
Postmark and/or Date of Receipt

DM — 9/18/98
Preparer — Date Prepared

7 8 0 2 0 1 9 2 3 6 0