

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

New York State Democratic Committee

ADDRESS (number and street)

461 Park Avenue South

(Check if address is changed)

10th Floor

New York

NY

10016

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

leslien@nydemds.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nydemds.org

COMMITTEE'S FAX NUMBER

2127258867

2. DATE

MM / DD / YYYY
06 / 14 / 2007

3. FEC IDENTIFICATION NUMBER

C C00143230

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

David Alpert

Signature of Treasurer

Electronically Filed by David Alpert

Date

MM / DD / YYYY
06 / 14 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

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)

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 **STA** (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

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

New York State Democratic 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 _____

Mailing Address _____

_____ - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____

- 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 **David Alpert**

Mailing Address **461 Park Avenue South**

10th Floor

New York **NY** **10016** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number **212** - **725** - **8825**

Full Name of Designated Agent **Edna Ishayik**

Mailing Address **461 Park Avenue South**

10th Floor

New York **NY** **10016** - _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Executive Director Telephone number **212** - **725** - **8825**

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.

North Fork Bank

Mailing Address

424 Madison Avenue

New York

NY

10008

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 27930811400

Form/Schedule: **F1N**

This form is being amended in response to change in address and bank information.

Transaction ID:
