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Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COMMITTEE FOR A DEMOCRATIC FUTURE

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

1625 K STREET NW
SUITE 790

WASHINGTON DC 20006-1

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 11 23 2001

3. FEC IDENTIFICATION NUMBER ▶ C00370122

4. IS THIS STATEMENT NEW (N) OR X 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 LEON G. BILLINGS

Signature of Treasurer

Date 11 27 2001

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.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FE1AH048.PDF

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 (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) This committee is a separate segregated fund.

(f) X 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

COMMITTEE FOR A DEMOCRATIC FUTURE

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: GAYLORD BOURNE

Mailing Address: 25 RONDON ROAD

NEW HAVEN | CT | 06511

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ACCOUNTANT

Telephone number: 203 - 782 - 2064

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: LEON G. BILLINGS

Mailing Address: 1625 K STREET NW

SUITE 790

WASHINGTON | DC | 20006

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER

Telephone number: - -

Full Name of Designated Agent: PATRICK GRIFFEN

Mailing Address: 1625 K STREET NW

SUITE 790

WASHINGTON | DC | 20006

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

ASSISTANT TREASURER

Telephone number: - -

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.

ADAMS NATIONAL BANK

Mailing Address 1627 K STREET NW

WASHINGTON DC 20006-1782

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	Date of Receipt 11-29-01
☐	First Class Mail	POSTMARKED
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(6/2000)