05/02/2003 17 : 52

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

LEGPAC

ADDRESS (number and street)

38 Ivy St., SE

(Check if address is changed)

Washington DC 20003 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE M M / D D / Y Y Y Y 05 02 2003

3. **FEC IDENTIFICATION NUMBER** C C00385534

4. IS THIS STATEMENT X 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 Harriet Rosen

Signature of Treasurer Electronically Filed by Harriet Rosen Date M M / D D / Y Y Y Y 05 02 2003

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 202-694-110

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 (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**

None

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

LEGPAC

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: Diane Evans

Mailing Address: Evans & Katz LLC
1831 Bay Street, SE
Washington DC 20003

Title or Position ▼: Principal

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 202 - 548 - 0880

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: Harriet Rosen

Mailing Address: 707 Old Crossing Dr.
Baltimore MD 21208

Title or Position ▼: Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 410 - 486 - 0898

Full Name of Designated Agent: Vic Fazio

Mailing Address: 1775 Eye St., NW
7th Floor
Washington DC 20006

Title or Position ▼: Assistant Treasurer

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number: 202 - 261 - 4000

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.

Bank of America

Mailing Address 730 15th St., NW

4th Floor

Washington DC 20005 -

CITY △ STATE △ ZIP CODE △