# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

(b) Number and Street Address ☐ (Check if address is changed)
430 South Capitol St., S.E.,

(c) City, State and ZIP Code
Washington, D.C. 20003

2. DATE
July 29, 1999

3. FEC IDENTIFICATION NUMBER
C00042366

4. IS THIS STATEMENT AN AMENDMENT? ☐ YES ☒ NO

SECRETARY OF THE SENATE
99 AUG 17 PM 4:45
H.D.

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 |
|---|---|---|
| Victory in New York 2000 | 430 S. Capitol St., S.E.<br>Washington, D.C. 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 P. Fox | 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 |
|---|---|---|
| James P. Fox | 430 S. Capitol St., S.E., Washington, D.C. 20003 | Treasurer |
| Andrew Grossman | 430 S. Capitol St., S.E., Washington, D.C. 20003 | Asst. 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 |
|---|---|---|
| James P. Fox | | 07/29/99 |

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 4/97)

99020010066

GARY SISCO
SECRETARY

PAMELA R. GAVIN
SUPERVISOR

HART BUILDING
, Suite 232
Washington, DC 20510-7110
Phone: 202-224-0022

# United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ HAND DELIVERED 8/17/99
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 _____
Postmarked

___ REGISTERED/CERTIFIED MAIL _____
Postmarked

___ NO POSTMARK

___ POSTMARK ILLEGIBLE

___ OTHER (Specify): _____

Postmark and/or Date of Receipt

PG 8/17/99
Preparer Date Prepared

9 9 0 2 0 1 0 9 5 2 1