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FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
05 JAN 11 PM 2:31
Office Use Only HD

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12PE4M5

Democratic Senatorial Campaign Committee

ADDRESS (number and street) ▼ 120 Maryland Avenue, NE

(Check if address is changed)

Washington | DC | 20002 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202 - 485 - 3120

2. DATE 01 11 2005

3. FEC IDENTIFICATION NUMBER ▶ C 00042366

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 JB Poersch

Signature of Treasurer

Date 01 11 2005

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 02/2003)

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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) x 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 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

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Write or Type Committee Name

Democratic Senatorial Campaign 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: JB Poersch

Mailing Address: 120 Maryland Avenue, NE

Washington | DC | 20002 -

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

Treasurer

Telephone number 202 - 224 - 2447

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: JB Poersch

Mailing Address: 120 Maryland Avenue, NE

Washington | DC | 20002 -

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

Treasurer

Telephone number 202 - 224 - 2447

Full Name of Designated Agent: Darlene Setter

Mailing Address: 120 Maryland Avenue, NE

Washington | DC | 20002 -

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

Assistant Treasurer

Telephone number 202 - 224 - 2447

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 Street, NW

Washington DC 20005 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE (202) 224-0922

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

✓ **HAND DELIVERED** 01-11-05
Date of Receipt

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

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

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
____ **PRIORITY MAIL /WITH CONFIRMATION SHEET**
____ **EXPRESS MAIL**
____ **FEDERAL EXPRESS**
____ **UPS**
____ **DHL**
____ **AIRBORNE EXPRESS** _____
Postmark

____ **PRIORITY MAIL (NO CONFIRMATION)** _____
Date of Receipt

____ **FIRST CLASS MAIL** _____
Date of Receipt

____ **FAX** _____
Date of Receipt

____ **NO POSTMARK** ____ **POSTMARK ILLEGIBLE**

____ **OTHER** _____
Date of Receipt

RD 01-11-05
Preparer **Date Prepared**

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