

**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
 Democratic Congressional Campaign Committee - Contributions

ADDRESS (Number and street) 430 South Capitol Street, SE
 (Check if address is changed) 2nd Floor
 Washington DC 20003
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
 forte@dccc.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
 www.dccc.org

2. DATE 10 / 22 / 2001

3. FEC IDENTIFICATION NUMBER C00347864

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 Howard Wolfson

Signature of Treasurer Electronically Filed by Howard Wolfson Date 11 / 01 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a **NAT** (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

Democratic Unity _____

Mailing Address _____

430 South Capitol Street, SE

Washington DC 20003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____
 Joint FR Rep

Type of Connected Organization:

- | | | |
|-------------------------|-------------------------------|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association | Cooperative |

Write or Type Committee Name

Democratic Congressional Campaign Committee - Contributions

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 **Howard Wolfson**

Mailing Address **430 South Capitol Street, SE**
2nd Floor
Washington DC 20003

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 **Howard Wolfson**

Mailing Address **430 South Capitol Street, SE**
2nd Floor
Washington DC 20003

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____ - _____ - _____

Full Name of Designated Agent **Ann Marie Habershaw**

Mailing Address **430 South Capitol Street, SE**
2nd Floor
Washington DC 20003

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer Telephone number **202** - **485** - **3529**

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, N.A.

Mailing Address

730 15th Street, NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

BB&T - District of Columbia

Mailing Address 1909 K Street, NW

Washington DC 20006 -

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

First Congressional District Victory Fund

Mailing Address 490 South Capitol Street, SE

2nd Floor

Washington DC 20003

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship Joint FR Rep

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Fleet Bank

Mailing Address

56 East 42nd Street

New York

NY

10017 -

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

DEMOCRATIC LEADER'S VICTORY FUND 2002

Mailing Address

7435 WATSON RD SUITE 107

ST LOUIS

MO

63119

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint FR Rep

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Florida Victory Fund

Mailing Address

490 South Capitol Street, SE

2nd Floor

Washington

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Joint FR Rep

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____