11/01/2001 11 : 38

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 - Expenditures

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 M 10 D 22 Y 2001

3. FEC IDENTIFICATION NUMBER ▶ C00000935

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 M 11 D 01 Y 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 202-694-110

FEC FROM 1
(Revised 1/2001)

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 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 - Expenditures

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 △ STATE △ ZIP CODE △

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 430 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 _____ - _____ - _____

X

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 _____ – _____ – _____

X

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 430 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 _____ – _____ – _____

X