Image# 26940903623

FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	· · · · ·	II WAINE	~ i i O i	•							
		(See instruction	ons)					Office u	se only		
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)		ple: If typying ne lines	g, type	12FE	4M5				
Holland & Kn	ight Committee fo	r Effective Gov	ernment						111		لب
		11111	1 1 1			1 1		1.1	1 1 1		لـــــــ
ADDRESS (number an	d street)	Pennsylvania A	Avenue N	. <b>w</b> .			ш				لب
(Check if add	dress				шш		Ш				ш
is changed)	Was	hington			ш	PC			20006	-L	Ш
COMMITTEE'S E-MA	AIL ADDRESS		CITY▲			STATE	•		ZIP CO	DE 📥	
beth.salvosa											1
COMMITTEE'S WEE	B PAGE ADDRESS (U	RL)									<del></del>
1											1
							Ш				ш
COMMITTEE'S FAX	NUMBER										
با لبنا											
2. DATE <b>M</b>	M / D D / Y	1 9 8 5									
3. FEC IDENTIFIC	ATION NUMBER	[	C C00	71330							
4. IS THIS STATE	MENT NEW	/ (N) OR	X	AMEND	ED (A)						
I certify that I have exar	mined this Statement and	to the best of my kno	owledge and	belief it is tru	e, correct an	ıd complet	е				
	,	Siahawd M. Cald									
Type or Print Name of	f Treasurer	Richard M. Gold	1								
Signature of Treasure	er Electronically File	d by <b>Richard N</b>	/I. Gold			Date	<b>1</b> 2	/ D	<b>12</b>	Y Y 2	0 0 6
NOTE: Submission of	false, erroneous, or incon	nplete information ma	-		_				U.S.C. S4	37g.	
Office Use Only				For further in Federal Electi Foll Free 800 Local 202-69	on Commiss -424-9530				EC FO		l

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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 can information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		nocratic, iblican,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 function committee.	l or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
l		<b>.</b>
	Mailing Address	
	CITY▲ STATE▲ ZI	P CODE A
	Relationship	<u> </u>
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	
	Monitoriship Organization Trace Association Cooperative	

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W	Vrite or Type Committee Na	ame					
	Holland & Knight C	ommittee for Effective Government	t				
7.		Identify by name, address, (phone nittee books and records.	umber optional	), and position of the	ne person in		
	Full Name Beth Salvosa						
	Mailing Address 2099 Pennsylvania Ave., N.W.						
		Suite 100					
		Washington		DC	20006	6801	
	Title or Position ♥	CITY A		STATE	ZIP CO	DE A	
	Custo	dian of Records	Telephone	<b>202</b> e number	663	7240	
3.	Treasurer: List the na	ame and address (phone number op any designated agent (e.g., assistant	otional) of the trea	surer of the comm	ittee; and the		
	Full Name	arry designated agent (e.g., assistant	trousurer).				
		chard M. Gold					
	Mailing Address	2099 Pennsylvania	Ave., N.W.				
		Suite 100					
		Washington		DC	20006	6801	
	Title or Position ♥	CITY A		STATE▲	ZIP CO	DE 🛦	
	Partne	er/Treasurer	Telephone	e number 202	955	3000	
	Full Name of Designated Agent Ch	ris DeLacy					
	Mailing Address	2099 Pennsylvania	Ave., NW				
		Suite 100					
		Washington		DC	20006 _	6801	
	Title or Position ♥	CITY A		STATE ▲	ZIP CODE A		
	Asst.	Treasurer	Telephone	e number 202	955	3000	
			. c.sp.1011			_	

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.				
	Mailing Address	Wachovia Bank  2000 L Street, N.W.			
	J				
		Washington DC 2003	6		
		CITY A STATE A ZIP	CODE 🛆		