

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER

2009 FEB 23 P 12: 20

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

LICKING COUNTY DEMOCRATIC WOMEN'S CAUCUS

ADDRESS (number and street)

PO BOX 91

(Check if address
is changed)

NEWARK OH 43058-1009

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

GRACECHQ.AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.OH.LCWC.ORG

COMMITTEE'S FAX NUMBER

-

2. DATE

02 05 2009

3. FEC IDENTIFICATION NUMBER ▶

C00436725

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

Treasurer designation

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

Pamela G Wilson

Signature of Treasurer

Pamela G Wilson

Date

02 05 2009

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)

29030040644

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) This committee is a (National, State or subordinate) committee of the (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

29030040645

Write or Type Committee Name

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 ▼ 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 GRACE ANNE CHERINGTON _____

Mailing Address 14018 COURTER RD SW _____

 RATAASKALA OH 43067 _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number 740-964-9294

Full Name of Designated Agent PAMELA G WILSON _____

Mailing Address 1137 PEMBROKE LANE _____

 GRANVILLE OH 43023-11095 _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number 740-321-1156

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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.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Empty grid line for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

[Empty grid line for Mailing Address]

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Er *2/23/09*
PREPARER **DATE PREPARED**

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