22037621650

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM
2002 JUL -1 A 11:10
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE485

SUSSEX COUNTY WOMEN'S DEMOCRAT CLUB

ADDRESS (number and street)

(Check if address is changed)

3769 SHIRLEYS ROAD

GREENWOOD DE 19950

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

gkadams@RCN.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 6 18 2002

3. FEC IDENTIFICATION NUMBER ▶ C00377820

4. IS THIS STATEMENT NEW (N) OR AX 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 Barbara A. Adams

Signature of Treasurer Barbara A. Adams Date 06 24 2002

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 1/01)

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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) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e) X 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

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation | Corporation w/o Capital Stock | Labor Organization

Membership Organization | Trade Association | Cooperative

Write or Type Committee Name

SUSSEX COUNTY WOMEN'S DEMOCRAT CLUB

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: JANET L. ADAMS

Mailing Address: P.O. BOX 113

BRIDGEVILLE | DE | 19933

Title or Position ▼: PRESIDENT

CITY ▲: BRIDGEVILLE

STATE ▲: DE

ZIP CODE ▲: 19933

Telephone number: 302-349-4060

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: BARBARA A. ADAMS

Mailing Address: 158 MARSHALL

MILFORD | DE | 19963

Title or Position ▼: TREASURER

CITY ▲: MILFORD

STATE ▲: DE

ZIP CODE ▲: 19963

Telephone number: 302-422-4980

Full Name of Designated Agent: JANE HARN

Mailing Address: 26780 WALKER ROAD

SEAFORD | DE | 19973

Title or Position ▼: ASSISTANT TREASURER

CITY ▲: SEAFORD

STATE ▲: DE

ZIP CODE ▲: 19973

Telephone number: 302-629-5666

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.

COUNTY BANK

Mailing Address 4299 HIGHWAY ONE SUITE A1

REHOBOTH BEACH DE 19971-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

22037621654

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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JMB — PREPARER

7-1-02 — DATE PREPARED

(6/2000)