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2005 DEC 15 A 10 09

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: if typing, type over the lines. 12FE4M5

**Democrats for Education Reform**

ADDRESS (number and street) 1217 Massachusetts Ave., N.W.

(Check if address is changed) Washington DC 20005

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

COMMITTEE'S WEB PAGE ADDRESS (URL)  
\_\_\_\_\_  
\_\_\_\_\_

COMMITTEE'S FAX NUMBER  
\_\_\_\_-\_\_\_\_-\_\_\_\_

2. DATE 12 06 2005

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  NEW (N) OR  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     Amy Wilkins    

Signature of Treasurer  Date 12 06 2005

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.

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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)  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

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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 Amy Wilkins

Mailing Address 1217 Massachusetts Ave., N.W.

Washington DC 20005

Title or Position  CITY  STATE  ZIP CODE

Treasurer Telephone number 202-302-3124

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 Amy Wilkins

Mailing Address 1217 Massachusetts Ave., N.W.

Washington DC 20005

Title or Position  CITY  STATE  ZIP CODE

Telephone number 202-302-3124

Full Name of Designated Agent

Mailing Address

Title or Position  CITY  STATE  ZIP CODE

Telephone number

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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.

Citibank

Mailing Address

1000 Vermont Avenue, NW

Washington, DC 20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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