STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
SECRETARY OF THE SENATE
FEDERAL PUBLIC RECORDS
99 JUN -9 AM 9:31

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Democratic Senatorial Campaign Committee

2. DATE
06/07/99

(b) Number and Street Address ☐ (Check if address is changed)
430 S. Capitol St., S.E.,

3. FEC IDENTIFICATION NUMBER
C00042366

(c) City, State and ZIP Code
Washington, D.C. 20003

4. IS THIS STATEMENT AN AMENDMENT? ☒ YES ☐ NO

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	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☒ (d) This committee is a National (National, State or subordinate) committee of the Democratic (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
The Allstar Victory Fund	430 S. Capitol St., S.E. Washington, D.C. 20003	Joint Fundraiser

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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
James P. Fox	430 S. Capitol St., S.E., Washington, D.C. 20003	Treasurer

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	Mailing Address	Title or Position
Jame P. Fox	430 S. Capitol St., S.E., Washington, DC 20003	Treasurer
Andrew Grossman	430 S. Capitol St., S.E., Washington, DC 20003	Asst. Treasurer
Darlene Setter	430 S. Capitol St., S.E., Washington, DC 20003	Asst. Treasurer

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.	Mailing Address and ZIP Code
NationsBank	730 15th St., N.W., Washington, D.C. 20005

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	SIGNATURE OF TREASURER	DATE
James P. Fox	[signature]	06/07/99

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM 1
(revised 4/87)

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GARY L. SISCO
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 332
WASHINGTON, DC 20510-7116
Phone: 202-224-0322

United States Senate

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

____ **HAND DELIVERED** _____
Date of Receipt

____ **INSIDE MAIL** _____
Date of Receipt

____ **RECEIVED FROM THE HOUSE OFFICE OF RECORDS & REGISTRATIONS** _____
Date of Receipt

____ **RECEIVED FROM THE FEDERAL ELECTION COMMISSION** _____
Date of Receipt

✓ **FIRST CLASS MAIL** JUNE 8, 1999
Postmarked

____ **REGISTERED/CERTIFIED MAIL** _____
Postmarked

____ **NO POSTMARK**

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____ **OTHER (Specify):** _____

Postmark and/or Date of Receipt

RD — JUNE 9, 1999
Preparer — Date Prepared

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