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APR 22 P 3:03

FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-1

Don Ruby, Treasurer
Fourth District Democratic Central Committee
318 Nevada
St. Charles, LA 70240

APR 03 2002

Identification Number: C00374306

Reference: Statement of Organization, received 3/6/02

Dear Mr. Ruby:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

A response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. Electronic filers must file amendments in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Jim Krebs
Reports Analyst
Reports Analysis Division

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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (or Nil)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

ADDRESS (number and street)

318 NEVADA

(Check if address is changed)

ST CHARLES

LA

70240

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

24 11 2002

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

Don Ruby

Signature of Treasurer

Don Ruby

Date

24 11 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5457c.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Tel: Pass 202-426-9530
Local 202-694-4400

FEC FORM 1
(Revised 1/01)

B. 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.

D. Name of Any Connected Organization or Affiliated Committee

LOWA DEMOCRATIC PARTY _____

Mailing Address: 516 E. FLEUR DR. _____

DES MOINES _____ IA _____ 50321 _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: AFFILIATE _____

Type of Connected Organization:

- Corporation Corporation with Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FOURTH DISTRICT DEMOCRATIC CENTRAL COMMITTEE

7. Description of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name DON RUBY

Mailing Address 318 NEVADA

ST. CHARLES IN 50240

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 601-297-2342

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 DON RUBY

Mailing Address 318 NEVADA

ST. CHARLES IN 50240

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 601-297-2342

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

D. 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.

PEOPLES SAVINGS BANK

Mailing Address

P.O. BOX 735

INDIANOLA IA 50125-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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

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