# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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

2. DATE
09/22/99

(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

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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 | 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 |
|---|---|---|
| Michigan Senate 2000 | 430 S. Capitol St., S.E.<br>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 |
|---|---|---|
| James P. Fox | 430 S. Capitol St., S.E., Washington, D.C. 20003 | Treasurer |
| Andrew Grossman | 430 S. Capitol St., S.E., Washington, D.C. 20003 | Asst. Treasurer |
| Darlene Setter | 430 S. Capitol St., S.E., Washington, D.C. 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 |
|---|---|
| Bank of America | 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 | | 09/22/99 |

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)

99020102697

GARY L. SISCO
SECRETARY

PAMELA S. GAVIN
SUPERINTENDENT

Hart Building
Suite 309
Washington, DC 20510-7115
Phone: 202-224-6322

# 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 Sept 23, 1999
Postmarked

____REGISTERED/CERTIFIED MAIL _____
Postmarked

____NO POSTMARK

____POSTMARK ILLEGIBLE

____OTHER (Specify): _____

_____
Postmark and/or Date of Receipt

RD — Sept 24, 1999
Preparer — Date Prepared

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