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2003 FEB -6 A 10:29
Office Use Only

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

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

ELEVENTH CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

ADDRESS (number and street) 9405 SHASTA CT

☒ (Check if address is changed)

FAIRFAX VA 22031-1433

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

[illegible]@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

2. DATE 01 28 2003

3. FEC IDENTIFICATION NUMBER ▶ C 00267385

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 [signature] DORA K. "HOLLY" HAYES-HAMBLEY

Signature of Treasurer [signature] Date 01 28 2003

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					For further information contact: Federal Election Commission	FEC FORM 1 (Revised 1/01)

FEC Form 1 (Revised 1/01)

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 STATE AND SUBORDINATE (National, State or subordinate) committee of the DEM (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.

8. Name of Any Connected Organization or Affiliated Committee

N/A

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

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: EMILIE MILLER

Mailing Address: 8701 DUVALL ST

FAIRFAX VA 22031-

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: CHAIR

Telephone number: 703-560-0281

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: DORA K HAKEY HAYES-HAMBLEY

Mailing Address: 9105 SHASTA CT

FAIRFAX VA 22031-1433

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: TREASURER

Telephone number: 703-280-5962

Full Name of Designated Agent: N/A

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼:

Telephone number: -

8. **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.

FIRST VIRGINIA BANK

Mailing Address [redacted]

FALLS CHURCH VA 22042-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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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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JMD PREPARER	2-6-03 DATE PREPARED

(6/2000)