

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

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

ADDRESS (Home or street) 607 14th Street, NW, Suite 800  
(Check if address is changed) Washington DC 20005  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
PLGroup@perklnscole.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
N/A

COMMITTEE'S FAX NUMBER

2. DATE 08 / 05 / 2005

3. FEC IDENTIFICATION NUMBER C C00405290

4. IS THIS STATEMENT X 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 Elizabeth Foote

Signature of Treasurer Electronically Filed by Elizabeth Foote Date 08 / 05 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Table with 5 empty columns for Office Use Only.

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

Big Easy Committee \_\_\_\_\_

Mailing Address \_\_\_\_\_ 607 14th Street, NW, Suite 800 \_\_\_\_\_

\_\_\_\_\_

Washington DC 20005 - \_\_\_\_\_

CITY A

STATE A

ZIP CODE A

Relationship Joint Fundraising Representative \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Jazz PAC

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 Elizabeth Foote

Mailing Address 607 14th Street, NW, Suite 800

Washington DC 20005

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

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 Elizabeth Foote

Mailing Address 607 14th Street, NW, Suite 800

Washington DC 20005

Title or Position CITY STATE ZIP CODE

Treasurer

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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, F.S.B.

Mailing Address

1400 G Street, NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ