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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.

12FB4M5

Marquette County Democratic Party

ADDRESS (number and street)

P.O. Box 189

(Check if address is changed)

Marquette MI 49835

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

marqco2@portemp.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 13 2003

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 William G. Davis

Signature of Treasurer *William G. Davis* Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalty of 2 U.S.C. 3437c. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 Sub. (National, State or subordinate) committee of the D E M (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

Michigan Democratic State Central Committee

Mailing Address: 606 Townsend

Lansing MI 48933

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Local Committee

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

Mailing Address

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

William G. Davis

Mailing Address

2073 Orchard

Marquette MI 49855

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 906-228-4197

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 contributor deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wells Fargo Bank

Mailing Address

101 Washington Street

Marquette MI 49855

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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