

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

OPERATIONS CENTER  
AUG 18 A 8 05

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FEAMS

FIRST CONGRESSIONAL DISTRICT DEMOCRATIC COMMITTEE

ADDRESS (number and street)

12492 PINNACLE

(Check if address  
is changed)

CHARLEVILLE

VA 22642

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

231-547-0103

2. DATE

08 12 2004

3. FEC IDENTIFICATION NUMBER ▶

00024455

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

KAY A. CHASE

Signature of Treasurer

Kay Chase

Date

08 12 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §457g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Rev. 06-02-2003)

3. 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

**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.

5. Name of Any Connected Organization or Affiliated Committee

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

INTERNATIONAL CITY BANK  
 Mailing Address 2371 E US 27  
 EAST TAWAS, MT 48730  
 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 FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 8-12-04
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

Delivery Confirmation™ Label

*ja*  
PREPARER

8-18-04  
DATE PREPARED