

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Ofice Use Only

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

DOW CORNING CORPORATION LEGISLATIVE ACTION TEAM

ADDRESS (Home or street)

P.O. BOX 994

(Check if address is changed)

MIDLAND

MI

48686

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

chris.velasquez@dowcorning.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
11 / 01 / 2003

3. FEC IDENTIFICATION NUMBER **C C00386672**

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 **CHRISTIAN A. VELASQUEZ**

Signature of Treasurer Electronically Filed by **CHRISTIAN A. VELASQUEZ** Date ^M ^M / ^D ^D / ^Y ^Y ^Y ^Y
11 / 01 / 2003

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

Office Use Only				
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For further information contact:
 Federal Election Commission
 Toll Free 800-424-9630
 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

DOW CORNING CORPORATION _____

Mailing Address _____ P.O. BOX 994 _____

_____ MIDLAND _____ MI _____ 48686 _____ - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ **CONNECTED ORGANIZATION** _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

DOW CORNING CORPORATION LEGISLATIVE ACTION TEAM

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 **MARTHA DENBAAS**

Mailing Address **COMERICA BANK PAC SERVICES -2250**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
CUSTODIAN OF RECORDS Telephone number 248 371 5562

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 **CHRISTIAN A. VELASQUEZ**

Mailing Address **DOW CORNING CORPORATION**
P.O. BOX 994
MIDLAND MI 48686 -

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**
TREASURER Telephone number 989 496 4571

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.

COMERICA BANK

Mailing Address

P.O. BOX 75000

PAC SERVICES - 2250

DETROIT

MI

48275 - 2250

CITY Δ

STATE Δ

ZIP CODE Δ