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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (or full)

(Check if name is changed)

Example: If typing, type over the lines

12984MS

Democratic Party of Knox County Tennessee

ADDRESS (number and street)

P.O. Box 1366

(Check if address is changed)

Knoxville

TN

37903

1366

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

easttenforkerry@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.knoxdemocrats.org

COMMITTEE'S FAX NUMBER

865 583 0854

2. DATE

05

10

2004

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

Jeffrey L. Gleason

Signature of Treasurer

Date

05

27

2004

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.

Official Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1101

FEC FORM 1
(Revised 02/2003)

4. 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

None

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: TREASURER

Mailing Address: [Empty fields]

Title or Position: CITY: STATE: ZIP CODE: Telephone number: [Empty fields]

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: Jeffrey L. Gleason

Mailing Address: P.O. Box 932, Knoxville, TN 37901-0932

Title or Position: Treasurer, CITY: STATE: ZIP CODE: Telephone number: 865-521-8334

Full Name of Designated Agent: None

Mailing Address: [Empty fields]

Title or Position: CITY: STATE: ZIP CODE: Telephone number: [Empty fields]

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.

First Tennessee Bank

Mailing Address

800 S. Gay Street

Knoxville IN 37929

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.

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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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