

STATEMENT OF ORGANIZATION

(See reverse side for Instructions)

RECEIVED
FEC MAIL
OPERATIONS CENTER1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)

Caribbean American Leadership Council Political Action Committee

2. DATE

February 2, 2004

(b) Number and Street Address

10457 Stern Wheel

☒ (Check if address is changed)

3. FEC Identification Number

C00353374

(c) City, State and ZIP Code

Columbia, Maryland 21044

4. Is This Report an Amendment?

☒ YES☐ NO

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	State District
-------------------	-----------------------------	---------------	----------------

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)☐ (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 a party committee

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

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

7. Custodian of Records: Identify by name, address (phone number - optional) and position of person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

Joe Baptiste

1400 East West Highway, Silver Spring, MD 20910

Custodian

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

Mailing Address

Title or Position

Emmanuel Francois, M.D.

10457 Stern Wheel, Columbia, MD 21044

Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintain funds.

Name of Bank Depository, etc.

Mailing Address and ZIP Code

Provident Bank of Maryland

5418 Wisconsin Avenue

Silver Spring, MD 20910

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

SIGNATURE OF TREASURER

DATE

Emmanuel Francois, M.D.

2-2-04

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FEBANDES

FEC FORM 1
(revised 4/97)

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.

☒ Hand Delivered	Date of Receipt 2-2-04
☐ First Class Mail	POSTMARKED
☐ Registered/Certified Mail	POSTMARKED (R/C)
☐ No Postmark	
☐ Postmark Illegible	
☐ Received from the House office of Records and Registration	Date of Receipt
☐ Received from the Senate Office of Public Records	Date of Receipt
☐ Other (Specify):	Postmarked and/or Date of Receipt
☐ Electronic Filing	
AMH PREPARER	2-3-04 DATE PREPARED