

**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 12FE4M5

Travis County Democratic Party

ADDRESS (Number and street) (Check if address is changed)

P.O. Box 684263

Austin TX 78768

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

elizabeth@traviscountydemocrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.traviscountydemocrats.org

COMMITTEE'S FAX NUMBER

512477789

2. DATE M M / D D / Y Y Y Y

03 / 03 / 2005

3. FEC IDENTIFICATION NUMBER C C00257519

4. IS THIS STATEMENT NEW (N) OR X 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 M.C. Tyer

Signature of Treasurer Electronically Filed by M.C. Tyer Date M M / D D / Y Y Y Y

03 / 03 / 2005

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 | | | | |
|-----------------------|--|--|--|--|

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
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 **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.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

_____ **Austin** _____ **TX** _____ **78701** - _____

CITY A STATE A ZIP CODE A

Relationship **Affiliated** _____

Type of Connected Organization:

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

Write or Type Committee Name

Travis County Democratic Party

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 Elizabeth Yevich

Mailing Address 900 S. Lamar, #204

Austin TX 78704

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Executive Director Telephone number 512 - 477 - 7500

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 M.C. Tyer

Mailing Address 12011 Trianon Lane

Austin TX 78727

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 512 - 477 - 7500

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.

Wells Fargo Bank

Mailing Address

P.O. Box 2019

Austin

TX

78768 -

CITY Δ

STATE Δ

ZIP CODE Δ