

S 5/06

A

## STATEMENT OF ORGANIZATION

(See reverse side for instructions)

|  |  |   |
|--|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL<br><u>Democratic Senate 2000</u>      | <input type="checkbox"/> (Check if name is changed)    | 2. DATE<br><u>5/1/00</u>  |
| (b) Number and Street Address<br><u>430 South Capitol Street, S.E.</u> | <input type="checkbox"/> (Check if address is changed) | 3. FEC IDENTIFICATION NUMBER<br><u>00 MAY -1 PM 4:48</u>  |
| (c) City, State and ZIP Code<br><u>Washington, DC 20003</u>            | <u>H.D.</u>  | 4. IS THIS STATEMENT AN AMENDMENT?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> 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.

## Joint Fundraiser

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code                           | Relationship                 |
|---|--|------------------------------|
| Carper for Senate 2000  |  | Joint Fundraiser Participant |
| Democratic Senatorial Campaign Committee                      | 430 South Capitol Street, S.E.<br>Washington, DC 20003 | Joint Fundraiser Participant |

## 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 the person in possession of committee books and records.

| Full Name       | Mailing Address  | Title or Position |
|-----------------|--|-------------------|
| Andrew Grossman | 430 South Capitol Street, S.E.<br>Washington, DC 20003 | Treasurer         |

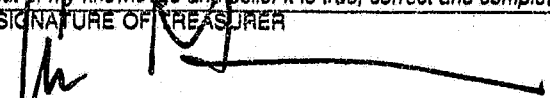
## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name       | Mailing Address                                      | Title or Position |
|-----------------|--|-------------------|
| Andrew Grossman | 430 South Capitol Street, S.E., Washington, DC 20003 | Treasurer         |
| Darlene Setter  | 430 South Capitol Street, S.E., Washington, DC 20003 | Asst. Treas.      |

## 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. | Mailing Address and ZIP Code                |
|--------------------------------|---|
| Bank of America                | 730 15th Street, N.W., Washington, DC 20005 |

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   |
|---------------------------------|--|--------|
| ANDREW GROSSMAN                 |  | 5/1/00 |

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.

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

For further information contact:  
Federal Election Commission  
Toll-free 800-424-9530  
Local 202-376-3120

**FEC FORM 1**  
(revised 4/87)

GARY SISCO  
SECRETARY

2000220115221339

PAMELA B. GAVIN  
SUPERINTENDENT

HART BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: 202-224-0322

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

## THE PRECEDING DOCUMENT WAS:

☒ **HAND DELIVERED** 5/1/00  
Date of Receipt

☐ **FAX (48-HOUR NOTICES)** \_\_\_\_\_  
Date of Receipt

☐ **INSIDE MAIL** \_\_\_\_\_  
Date of Receipt

☐ **RECEIVED FROM THE LEGISLATIVE RESOURCE  
CENTER** \_\_\_\_\_  
Date of Receipt

☐ **RECEIVED FROM THE FEDERAL ELECTION  
COMMISSION** \_\_\_\_\_  
Date of Receipt

☐ **FIRST CLASS MAIL** \_\_\_\_\_  
Postmarked

☐ **REGISTERED/CERTIFIED MAIL** \_\_\_\_\_  
Postmarked

☐ **NO POSTMARK** ☐ **POSTMARK ILLEGIBLE**

☐ **OTHER (Specify):** \_\_\_\_\_  
☐ **AIRBORNE EXPRESS**  
☐ **EXPRESS MAIL**  
☐ **FEDERAL EXPRESS**  
☐ **UPS**

Postmark and/or Date of Receipt

P. Gavin 5/1/00  
Preparer Date Prepared