

FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
SENATE CLERK
OCT 10 2001

OCT -9 PM 3:00

Office Use Only

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

12FE4M5

DAN BLUE SENATE COMMITTEE

ADDRESS (number and street)

203 FAYETTEVILLE STREET MALL

(Check if address is changed)

P.O. BOX 287

RALEIGH

NC

27602

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

09 26 2001

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

WALTER E. JAVENPONT

Signature of Treasurer

Date

09 26 2001

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

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 DANIEL BLUDE, JR.

Candidate Party Affiliation DEM Office Sought: House Senate President State NC 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

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

DAN BLUE SENATE COMMITTEE

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 MOLLY J. FREEMAN
 Mailing Address 203 FAYETTEVILLE STREET MALL
P.O. BOX 287
RALEIGH NC 27602
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 919 - 821 - 7420

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 WALTER C. DAVENPORT
 Mailing Address 2626 GLENWOOD AVE
SUITE 300
RALEIGH NC 27608 - 1045
 Title or Position TREASURER CITY STATE ZIP CODE
 Telephone number 919 - 782 - 1040

Full Name of Designated Agent MOLLY J. FREEMAN
 Mailing Address 203 FAYETTEVILLE STREET MALL
P. O. BOX 287
RALEIGH NC 27602
 Title or Position ASSISTANT TREASURER CITY STATE ZIP CODE
 Telephone number 919 - 821 - 7420

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.

MECHANICS & FARMERS BANK

Mailing Address

13 EAST HARGETT STREET

RALEIGH NC 27601

CITY ▲

STATE ▲

ZIP CODE .

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE .

