

**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

CITIZENS FOR MARK SHRIVER

ADDRESS (Home or street)

P.O. Box 342310

(Check if address is changed)

West Bethesda

MD

20827

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

kim@shrivierforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 / 06 / 2001

3. FEC IDENTIFICATION NUMBER

C00365700

4. IS THIS STATEMENT

X

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

Kristin Gerlach

Signature of Treasurer

Electronically Filed by Kristin Gerlach

Date

11 / 06 / 2001

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 202-694-1110

FEC FORM 1
(Revised 1/2001)

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 Mark K. Shriver

Candidate Party Affiliation	DEM	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	MD
						District	6

- (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

CITIZENS FOR MARK SHRIVER

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 Kimberly Elliott

Mailing Address P.O. Box 84281D

West Bethesda MD 20827 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Campaign Director Telephone number 240 - 747 - 3005

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 Kristin Gerlach

Mailing Address 3700 Thornapple Street

Chevy Chase MD 20815 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 301 - 951 - 0038

Full Name of Designated Agent Jonathan D. Weinberg

Mailing Address 900 White Pine Place

Potomac MD 20854 -

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Campaign Co-Chair Telephone number 301 - 424 - 8505

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.

BB&T

Mailing Address

7200 Wisconsin Avenue

Bethesda

MD

20814

CITY Δ

STATE Δ

ZIP CODE Δ

