

05 MAR 11 PM 4:14 HD

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

Kennedy for Senate 2000

ADDRESS (number and street) 301 4th St. NE

Suite 202

(Check if address is changed) Washington DC 20002

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

wlopach@KENNEDYFORSENATE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
2025462295

2. DATE MM 02 DD 24 YYYY 2005

3. FEC IDENTIFICATION NUMBER C C00305045

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 William C. Oldaker Asst. Treasurer

Signature of Treasurer *W. Oldaker* Date MM 03 DD 11 YYYY 2005

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 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 Edward M. Kennedy

Candidate Party Affiliation REP DEM Office Sought House Senate President State CT MA District 1 0

- (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

Kennedy for Senate 2000

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 Thomas K. Lopach

Mailing Address 301 4th St., NE, Suite 202

Washington DC 20002

Title or Position Finance Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 546 9494

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 John F. Zamparelli

Mailing Address 4 Doane Rd.

Medford MA 02155

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number _____

Full Name of Designated Agent William C. Oldaker

Mailing Address 818 Connecticut Ave., NW

Suite 1100

Washington DC 20006

Title or Position Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 728 1010

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.

SunTrust Bank

Mailing Address

PO Box 65024

Richmond

VA

23285

CITY Δ

STATE Δ

ZIP CODE Δ

EMILY J. REYNOLDS
SECRETARY

PAMELA B. GAVET
SUPERINTENDENT

HART SENATE OFFICE 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 03-11-05
Date of Receipt

REGISTERED/CERTIFIED MAIL _____
Postmarked

**RECEIVED FROM THE FEDERAL ELECTION
COMMISSION** _____
Date of Receipt

DELIVERY CONFIRMATION/ON LINE TRACKING SYSTEM
 PRIORITY MAIL (WITH CONFIRMATION SHEET)
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
 DHL
 AIRBORNE EXPRESS _____
Postmark

PRIORITY MAIL (NO CONFIRMATION) _____
Date of Receipt

FIRST CLASS MAIL _____
Date of Receipt

FAX _____
Date of Receipt

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER _____
Date of Receipt

RD 03-11-05
Preparer Date Prepared

25020103212
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