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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines. 12 FEB 4 2005

COMITE PRATS AL CONGRESO, INC

ADDRESS (number and street) PMB 138 202 A

(Check if address is changed)

53 CALLE SAN JUSTO

SAN JUAN PR 00901 1442

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

FINANZAS@PRATSAALCONGRESO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.PRATSAALCONGRESO.COM

COMMITTEE'S FAX NUMBER

2. DATE 06 10 2003

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 José Joaquín Ledesma, ESQ.

Signature of Treasurer  Date 06 10 2003

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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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 ROBERTO L. PRATS PALERM

Candidate Party Affiliation D E M Office Sought House Senate President State P R District A L

- (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

NONE

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

COMITE PRATS AL CONGRESO, INC

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: GABRIEL HERNANDEZ

Mailing Address: GPO BOX 363436

SAN JUAN PR 00936-3436

Title or Position: CUSTODIAN OF RECORDS CITY: STATE: ZIP CODE:

Telephone number: 787-402-7664

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: JOSE JOAQUIN LEDESMA, ESQ.

Mailing Address: PO BOX 19328

SAN JUAN PR 00910-1328

Title or Position: TREASURER CITY: STATE: ZIP CODE:

Telephone number: 787-622-3939

Full Name of Designated Agent: GABRIEL HERNANDEZ

Mailing Address: GPO BOX 363436

SAN JUAN PR 00936-3436

Title or Position: ASSISTANT TREASURER CITY: STATE: ZIP CODE:

Telephone number: 787-402-7664

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.

DORAL BANK

Mailing Address

CONDADO BRANCH

1476 AVE ASHFORD ESQUINA DE DIEGO

SAN JUAN

PR

00907

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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<i>LS</i>		6-11-03
PREPARER		DATE PREPARED

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