| Image# 28990891271 |  |
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| FEC<br>FORM 1  |               | STATEME<br>ORGANIZA<br>(See instructio | ATION                                    | Office  | use only |
|--|---------------|--|--|---------|----------|
| 1. NAME OF<br>COMMITTEE (in 1  | full)         | (Check if name is changed)             | Example: If typying, type over the lines | 12FE4M5 |          |
| Biden for Pres   | ident, Inc.   |  |  |         |          |
|  |               |  |  |         |          |
| ADDRESS (number and s  | street)       | ) Box 438                              |  |         |          |
| (Check if addre  |               |  |  |         |          |
| is changed)  |               | Imington                               |  |         | 19899    |
| COMMITTEE'S E-MAI  | L ADDRESS     |  | CITY                                     | STATE   | ZIP CODE |
| treasurer@joe  | biden.com     |  |  |         |          |
|  |               |  |  |         |          |
| COMMITTEE'S WEB  | PAGE ADDRESS  | (URL)                                  |  |         |          |
| http://www.joe   | ebiden.com    |  |  |         |          |
|  |               |  |  |         |          |
| COMMITTEE'S FAX N  | IUMBER        |  |  |         |          |
| 3026521475   |               |  |  |         |          |
| 2. DATE <b>0.4</b>   | / D D /<br>23 | 2008 <sup>°</sup>                      |  |         |          |
| 3. FEC IDENTIFICA  | TION NUMBER   |  | <b>C</b> C00431916                       | 1       |          |
| 4. IS THIS STATEM  | ENT X N       | EW (N) OR                              | AMENDED (A)                              | d       |          |
| 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 Melvyn I Monzack   |               |  |  |         |          |
| Signature of Treasurer Electronically Filed by Melvyn I Monzack Date Date Date Date Date Date  |               |  |  |         |          |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS |               |  |  |         |          |
| Office   |               |  | Ear further information of               |         |          |

| Office<br>Use |  | For further information contact:<br>Federal Election Commission | FEC FORM 1        |
|---------------|--|---|-------------------|
| Only          |  | Toll Free 800-424-9530<br>Local 202-694-1100                    | (Revised 02/2003) |

|    | FEOForm 1 (Revised 02/              | (2003)                 |   |                  |                     | Page 2                                  |
|----|-------------------------------------|------------------------|---|------------------|---------------------|---|
| 5. | TYPE OF COMMITTEE (Check            | ( One)                 |   |                  |                     |   |
|    | (a) X This committee                | is a principal campai  | gn committee. (Complete the               | candidate inforn | nation below.)      |   |
|    | (b) This committee information belo |                        | mittee, and is NOT a principa             | I campaign com   | mittee. (Complete t | he candidate                            |
|    | Name of Joseph<br>Candidate Joseph  | R Biden, Jr            |   |                  |                     |   |
|    | Candidate<br>Party Affiliation      | Office<br>Sought:      | House                                     | Senate           | X President         | State District 00                       |
|    | (c) This committee s                | supports/opposes on    | ly one candidate, and is NOT              | an authorized co | ommittee.           |   |
|    | Name of<br>Candidate                |                        |   |                  |                     |   |
|    | (d) This committee i                | s a                    | (National, State<br>(or subordinate) comn | nittee of the    |                     | (Democratic,<br>Republican,etc.) Party. |
|    | (e) This committee i                | s a separate segrega   | ated fund                                 |                  |                     |   |
|    | (f) This committee s committee.     | supports/opposes mo    | pre than one Federal candidate            | e, and is NOT a  | separate segregate  | ed fund or party                        |
| 6. | Name of Any Connected Orga          | anization or Affiliate | ed Committee                              |                  |                     |   |
|    |                                     |                        |   |                  |                     |   |
|    |                                     |                        |   |                  |                     |   |
|    | Mailing Address                     |                        |   |                  |                     |   |
|    | 0                                   | <b> </b>               |   |                  |                     |   |
|    |                                     |                        |   |                  |                     |   |
|    |                                     |                        | CITY                                      | s                |                     |   |
|    |                                     |                        |   |                  |                     |   |
|    | Relationship                        |                        |   |                  |                     |   |
|    | Type of Connected Organization      | n:                     |   |                  |                     |   |
|    | Corporation                         |                        | Corporation w/o Capital Sto               | ock              | Labor Orgar         | nization                                |
|    | Membership Organizat                | tion                   | Trade Association                         | Γ                | Cooperative         |   |

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|--|---|---|-------------------------------------|---------------------|
|  | ommittee Name                             |   |                                     |                     |
|  | President, Inc.                           |   |                                     |                     |
|  |   | tify by name, address, (phone number<br>ooks and records.           | optional), and position of th       | e person in         |
| Full Name  | Melvyn I                                  | Monzack   |                                     |                     |
| Mailing Addro  | ess .                                     | PO Box 438  |                                     |                     |
|  | -   | Wilmington  | DE                                  | 19899 _             |
| Title or Positi  | ion ¥                                     | CITY A  | STATE                               | ZIP CODE 🛦          |
|  | Treasurer                                 |   | <b>302</b> Telephone number         | 574 2008            |
| Treasurer:<br>name and   | address of any d                          | esignated agent (e.g., assistant treasurer                          | ).                                  |                     |
|  | Melvyn I                                  | esignated agent (e.g., assistant treasurer<br>Monzack<br>PO Box 438 | ).                                  |                     |
| name and Full Name   | Melvyn I                                  | Monzack   | ).<br>                              | 19899               |
| name and Full Name   | Melvyn I<br>ess                           | Monzack<br>PO Box 438   |                                     | 19899<br>ZIP CODE ▲ |
| name and a<br>Full Name<br>of Treasurer<br>Mailing Addre   | Melvyn I<br>ess                           | Monzack PO Box 438 Wilmington CITY A                                | DE                                  |                     |
| name and a<br>Full Name<br>of Treasurer<br>Mailing Addre   | Melvyn I<br>ess<br>ion ¥<br>Treasurer     | Monzack PO Box 438 Wilmington CITY A                                | <u>DE</u><br>                       | ZIP CODE 🛦          |
| Full Name<br>of Treasurer<br>Mailing Addre<br>Title or Positi  | Melvyn I<br>ess<br>ion ♥<br>Treasurer<br> | Monzack PO Box 438 Wilmington CITY A                                | <u>DE</u><br>                       | ZIP CODE 🛦          |
| Full Name<br>of Treasurer<br>Mailing Addre<br>Title or Positi<br>Full Name of<br>Designated<br>Agent | Melvyn I<br>ess<br>ion ♥<br>Treasurer<br> | Monzack PO Box 438 Wilmington CITY A                                | <u>DE</u><br>                       | ZIP CODE 🛦          |
| Full Name<br>of Treasurer<br>Mailing Addre<br>Title or Positi<br>Full Name of<br>Designated<br>Agent | Melvyn I<br>ess<br>ion ♥<br>Treasurer<br> | Monzack PO Box 438 Wilmington CITY A Toner PO Box 438               | DE<br>STATE▲<br>Telephone number302 | ZIP CODE A          |

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

 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.

| Bank of                        | America, Inc.       |                |       |
|--------------------------------|---------------------|----------------|-------|
| Mailing Address                | 750 15th Street, NW |                |       |
|                                |                     |                |       |
|                                | Washington          |                | 20005 |
|                                | CITY 🗖              | STATE <b>⊿</b> |       |
| Name of Bank, Depository, etc. |                     |                |       |
|                                |                     |                |       |
| Mailing Address                |                     |                |       |
|                                |                     |                |       |
|                                |                     |                |       |
|                                | CITY 🗖              | STATE 🗖        |       |