FEC

STATEMENT OF

FORM 1			ORGANIZ.	ATIC	N						
•	OTTIMI I		(See instruction	ons)				Off	ice use only		
1.	NAME OF COMMITTEE (in f	iull)	(Check if name is changed)	Exa ove	mple: If typying, r the lines	type	12FE	1M5	1		
Ц	Democratic St	ate Central Co	mmittee of Maryl	and 						ш	
Ш										ш	
ADE	DRESS (number and s	street) 33	West Street, Suit	te 200			1 1 1		111		ш
	(Check if address										
X	is changed)	A r	napolis			Ш	MD	ـــا	21401	عــا- ل	
				CITY	•		STATE		ZIP C	ODE 📥	
CO	MMITTEE'S E-MAI	L ADDRESS (Plea	ase provide only one e	-mail add	ress)						
П	(Check if address is changed)	_ ml	powman@mddem	s.org							
	is changed)										
COI	MMITTEE'S WEB I										
П	(Check if address is changed)	ht:	tp://mddems.org							ш	
											ш
2.	DATE 0.1	/ D D /	2010								
3.	FEC IDENTIFICA	TION NUMBER		C CO	0141812	•	1				
4	IC THIC CTATEM	ENT X N	E/M (NI) OR		AMENDE	D (A)					
4.	IS THIS STATEM	ENI A N	EW (N) OR		AMENDE	D (A)					
Loor	tify that I have aversit	and this Statement	and to the best of my len	oulodge e	ad baliaf it in true	aarraat an	d aamalata				
i cer	illy that i have examir	ned this Statement a	and to the best of my kn	owiedge a	nd belief it is true,	correct and	a complete				
Тур	e or Print Name of ⁻	Treasurer	Ngoc Q Chu								
Sigr	nature of Treasurer	Electronically F	Filed by Ngoc Q C	Chu		_	Date	0 1 /	28	Y Y 2	0 1 0
NOT	E: Submission of fal	se, erroneous, or in	complete information ma	ay subject	the person signing	g this State	ment to the	e penalties	of 2 U.S.C.	§437g.	
		ANY C	HANGE IN INFORMA	ATION SH	OULD BE REP	ORTED V	VITHIN 10	DAYS			
	Office Use Only				For further info Federal Election Toll Free 800-42	Commiss			FEC FO		1

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5.		COMMITTEE (Check One) Committee:							
	(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 th information below.)	e candidate						
	Name of Candidate								
	Candidate Party Affilia	Office Sought: House Senate President	State District						
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate								
	Party Com								
	(d) X		(Democratic, Republican,etc.) Party.						
	Political Action Committee (PAC):								
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:						
		Corporation Corporation w/o Capital Stock Lab	oor Organization						
		Membership Organization Trade Association Co	operative						
		In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party						
		In addition, this committee is a Lobbyist/Registrant PAC.							
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)							
	Joint Fund	raising Representative:							
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political						
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political						
	Co	mmittees Participating in Joint Fundraiser							
		1. FEC ID number C							
		2. FEC ID number C							
		3. FEC ID number							
		FEC.ID number C							

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Write or Type Committee Name	al Committee of Maryland					
Democratic State Centi	ai Committee or Maryland					
6. Name of Any Connected Or	ganization, Affiliated Committee, Joint Fundraising	Representative, or Leade	rship PAC Sponsor			
ASDC Partnership Progr	am					
Mailing Address	430 S Capitol St SE					
	Washington	рс _	20003] _ [
	СІТУ	STATE A	ZIP CODE			
Relationship:						
Connected Organization	Affiliated Committee X Joint Fundral	ising Representative	Leadership PAC Sponsor			
7. Custodian of Records: Ide possession of Committee Full Name Mailing Address	entify by name, address, (phone number optic books and records.		e person in			
Title or Position ♥	CITY A	STATE A	ZIP CODE 1			
	and address (phone number optional) of the to designated agent (e.g., assistant treasurer).	treasurer of the commit	tee; and the			
Full Name of Treasurer Ngoc	Q Chu					
Mailing Address	33 West Street, Suite 200					
	Annapolis	MD	21401			
Title or Position ♥	CITY 🛦	STATE ▲	ZIP CODE A			
Treasurer	Telep	phone number 301	_ 858 _ 8818			

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Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A				
		elephone number					
9. Banks or Other Deposito safety deposit boxes or mai		he committee deposits funds, ho	lds accounts, rents				
Name of Bank, Depository,	Name of Bank, Depository, etc.						
Ban	k of America						
Mailing Address	10 Church Cir # 1						
	Annapolis	MD	21401				
	CITY 🗖	STATE △	ZIP CODE 🛕				
Name of Bank, Depository,	etc.						
City	National Bank						
Mailing Address	2029 Century park East						
	Los Angeles	ÇA C	90067				
	CITY 🗖	STATE. ▲	ZIP CODE 🛕				

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committed funds	tee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
L			
L			
	CITY 🗖	STATE. △	ZIP CODE 🛕
Name of Any Connected Organ DNC State Party Victory F	nization, Affiliated Committee, Joint Fundraising Repr	resentative, or Leade	[ADDITIONAL]
Mailing Address	430 S Capitol St SE		
		DC L	20003
Relationship:	СІТУ▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee X Joint Fundraising Repo	resentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
		one number	
Joint Fundraiser Participant			[ADDITIONAL]
Little and a second and a second	FE	C ID number	

Banks or Other Depositorions safety deposit boxes or maint		ommittee deposits funds, hold	s accounts, rents
Name of Bank, Depository, et			ADDITIONAL]
	Γ Bank		1
Mailing Address	1350 1 St NW Ste 200		
	Washington	DC	20005
	CITY 🗖	STATE ⊿	ZIP CODE 🛕
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising	Representative, or Leader	[ADDITIONAL] ship PAC Sponsor
Mailing Address			
Relationship:	CITY▲	STATE ▲	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising	g Representative Lead	lership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE ∆	ZIP CODE A
		elephone number	
loint Eundroicer Porticine		•	[ADDITIONAL]
Joint Fundraiser Participar	ц		
		FEC ID number	