

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
CT Fourth Dems PAC

ADDRESS (Home or street) (Check if address is changed) c/o Donna I. King 71 Aiken Street G-16 Norwalk CT 06851 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS dking418@optonline.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 / 26 / 2004

3. FEC IDENTIFICATION NUMBER C C00398461

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 Ms Donna King

Signature of Treasurer Electronically Filed by Ms Donna King Date 04 / 28 / 2004

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

Table with 5 columns for Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-894-1100

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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (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 | None \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**CT Fourth Dems PAC**

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 **Ms Donna King**

Mailing Address **71 Aiken Street**  
**Q-16**  
**Norwalk CT 06851**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **203 846 1009**

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 **Ms Donna King**

Mailing Address **71 Aiken Street**  
**Q-16**  
**Norwalk CT 06851**

Title or Position ▼ **Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **203 846 1009**

Full Name of Designated Agent **Mr Ronald Kowalski**

Mailing Address **25 Burr Street**  
**Easton CT 06812**

Title or Position ▼ **Assistant Treasurer** CITY ▲ STATE ▲ ZIP CODE ▲  
 Telephone number **203 327 2000**

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.

**Citibank FSB Connecticut**

Mailing Address

**999 High Ridge Road**

**Stamford**

**CT**

**06905**

CITY ▲

STATE ▲

ZIP CODE ▲