

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5
Democratic Youth Strategy Council

ADDRESS (number and street) (Check if address is changed)
3543 Alton Pl. NW
Washington DC 20008
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Scott@democraticyouth.org

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.democraticyouth.org

COMMITTEE'S FAX NUMBER
202-315-3326

2. DATE 08'06'2007
3. FEC IDENTIFICATION NUMBER C 00436543
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 Micah Winograd
Signature of Treasurer [Signature] Date 08'06'2007

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 _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State
					District

- (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 |

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Write or Type Committee Name

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 Scott Goldstein

Mailing Address 3543 Alton Pl NW
Washington DC 20008

Title or Position ▼ Executive Director CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202-470-3977

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 Mich Winograd

Mailing Address 3543 Alton Pl NW
Washington DC 20008

Title or Position ▼ Director of Finance and Compliance CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202-470-3977

Full Name of Designated Agent - none -

Mailing Address

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number

27039510399

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.

Bank of America

Mailing Address

4201 Connecticut Ave. NW

Washington DC 20008

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

 
PREPARER **DATE PREPARED**

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