

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE

(See reverse side for instructions)

SEP -6 PM 3:28 H.B.

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) New Hampshire Senate 2002	2. DATE 9/5/01
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 430 South Capitol Street, SE	3. FEC IDENTIFICATION NUMBER
(c) City, State and ZIP Code Washington, DC 20003	4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.
 - (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Shaheen for Senate Exploratory Committee	PO Box 1803 Concord, NH 03302	Participants affiliated for Joint Fundraising purposes pursuant to 11 C.F.R. 102.17
Democratic Senatorial Campaign Committee	430 South Capitol Street, SE Washington, DC 20003	

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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	Mailing Address	Title or Position
Andrew Grossman	430 South Capitol Street, SE, Washington, DC 20003	Treasurer

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	Mailing Address	Title or Position
Andrew Grossman	430 South Capitol Street, SE, Washington, DC 20003	Treasurer
Darlene Setter	430 South Capitol Street, SE, Washington, DC 20003	Asst. Treas.
Nicole Runge	430 South Capitol Street, SE, Washington, DC 20003	Asst. Treas.

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.	Mailing Address and ZIP Code
Bank of America	730 15th Street, NW, Washington, DC 20005

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	SIGNATURE OF TREASURER	DATE
Andrew Grossman		9/5/01

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.

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 9/6/01
Date of Receipt

FAX (48-HOUR NOTICES) _____
Date of Receipt

INSIDE MAIL _____
Date of Receipt

RECEIVED FROM THE LEGISLATIVE RESOURCE CENTER _____
Date of Receipt

RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
Date of Receipt

FIRST CLASS MAIL _____
Postmarked

REGISTERED/CERTIFIED MAIL _____
Postmarked

NO POSTMARK **POSTMARK ILLEGIBLE**

OTHER (Specify): _____
 AIRBORNE EXPRESS
 EXPRESS MAIL
 FEDERAL EXPRESS
 UPS
_____ **Postmark and/or Date of Receipt**

EW 9/6/01
Preparer Date Prepared