

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (In full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SIXTY VOTES COALITION

ADDRESS (number and street)

717 SECOND STREET, N.E.

(Check if address is changed)

WASHINGTON DC 20002

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

adriver@freecongress.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

202-543-5605

2. DATE

12 18 2006

3. FEC IDENTIFICATION NUMBER

C00079976

4. IS THIS STATEMENT

(Check box)

NEW (N)

OR

(Check box)

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

Robert D. Thompson

Signature of Treasurer

Robert D. Thompson

Date

12 18 2006

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.

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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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

N/A _____

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

26039313437

Write or Type Committee Name

Sixty Votes Coalition

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 ROBERT D. THOMPSON

Mailing Address 717 SECOND STREET, N.E.

WASHINGTON

DC 20002

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 202-543-8592

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 ROBERT D. THOMPSON

Mailing Address 717 SECOND STREET, N.E.

WASHINGTON

DC 20002

Title or Position CITY STATE ZIP CODE

TREASURER

Telephone number 202-543-8592

Full Name of Designated Agent ANNA GHIA M. OLIVER

Mailing Address 717 SECOND STREET, N.E.

WASHINGTON

DC 20002

Title or Position CITY STATE ZIP CODE

OFFICE MANAGER

Telephone number 202-543-8473

200309151500

B. 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.

MERCANTILE POTOMAC BANK

Mailing Address

3033 WILSON BOULEVARD

ARLINGTON

VA

22310

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

N/A

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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USPS First Class Mail Postmarked

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 Delivery Confirmation™ or Signature Confirmation™ Label

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Overnight Delivery Service (Specify): *FEDEX* Shipping Date
12/19/06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

JAD
 PREPARER
 (3/2005)

12/20/06
 DATE PREPARED

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