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FEC
FORM 1

STATEMENT OF
ORGANIZATION

abbreviated version (D4D) added

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

Committee type (check appropriate)
12 F E A M S

Downtown Friends Democratic Party

~~244 Fifth Avenue Suite 284~~ D4D

ADDRESS (number and street) 244 Fifth Avenue Suite 284

(Check if address
is changed)

New York NY 10001-7604

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

E.D.K@downtownfriendsdemocrats.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.downtownfriendsdemocrats.org

COMMITTEE'S FAX NUMBER

2. DATE

09 24 2003

3. FEC IDENTIFICATION NUMBER ▶

C100389361

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

Erik C. Stowers

Signature of Treasurer

Date

09 24 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information, contact:
Federal Election Commission
Toll Free 800-424-9530
Local 800-69-1100

FEC FORM 1
(Revised 02/2003)

PREVIOUS EDITION

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

ADAF _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

Downtown for Democracy of NY

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 Erik C. Stowers

Mailing Address 244 Fifth Avenue Suite 28M

New York NY 10001-7604

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 917-826-9837

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., alternate treasurer).

Full Name of Treasurer Erik C. Stowers

Mailing Address 244 Fifth Avenue Suite 28M

New York NY 10001-7604

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 917-826-9837

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

H.S.B.C. Bank USA

Mailing Address

1101 West 14th Street

New York

NY

10011

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

August 27, 2003

RQ-1

Erik C. Stowers, Treasurer
Downtown for Democracy
244 Fifth Avenue, Suite 2BM
New York, NY 10001-7604

Response Due Date:
September 26, 2003

Identification Number: C00389361

Reference: Statement of Organization, dated 8/3/2003

Dear Mr. Stowers:

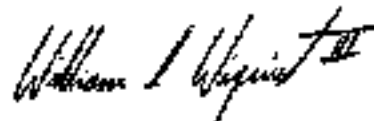
This letter is prompted by the Commission's preliminary review of the report(s) referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received at the Commission by the response date noted above.** An itemization of the information needed follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

Unlike previous election cycles, you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just these portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division) or my local number (202) 694-1394.

Sincerely,



William S. Wiquist
Campaign Finance Analyst
Reports Analysis Division

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Postmark legible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>DL</i>	<i>9/24/03</i>
PREPARER	DATE PREPARED