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FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: if typing, type over the line. 12F124MS

SPAULDING AND ELYE LLC FEDERAL PAC

ADDRESS (number and street) 1717 PENNSYLVANIA AVE NW

SUITE 1000

WASHINGTON DC 20006

X (Check if address is changed)

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 10 01 2004

3. FEC IDENTIFICATION NUMBER 000365023 CHANGE OF TREASURER

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A) AND ADDRESS

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 CURRENT (RICHARD REYNOLDS) NEW (JOSEPH DELOGO)

See # 8

Signature of Treasurer [Handwritten Signature]

Date 10 01 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9407p. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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

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

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

CITY

STATE

ZIP CODE

Telephone number

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

JOSEPH DELOGU

Mailing Address

1717 PENNSYLVANIA AVE NW
SUITE 1000
WASHINGTON DC 20006

Title or Position

CITY

STATE

ZIP CODE

PRINCIPAL

Telephone number

202-478-2300

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.

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

CITY ▲ STATE ▲ ZIP CODE ▲

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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<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>VPS</i>	Shipping Date <i>9/30/04</i>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>EC</i> PREPARER	<i>10/1/04</i> DATE PREPARED