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FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instr	ructions)	Office use only	
NAME OF COMMITTEE (in f	(Check if nam is changed)	ne Example: If typying, type over the lines	12FE4M5	
DONNA EDWA	RPS FOR CONGRESS			
 [				
ADDRESS (number and s	P.O. Box 441153	3		
(Check if addre	FORT WASHING	aton	MD 20749 -	
COMMITTEE'S E-MAI	L ADDRESS	CITY▲	STATE▲ ZIP CODE ▲	
info@donnaed	wardsforcongress.com			
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
donnaedward	sforcongress.com			
2. DATE 0 4				
3. FEC IDENTIFICA		C C00422964	]	
4. IS THIS STATEM	ENT NEW (N)	DR X AMENDED (A)		
	laniaa Eduus	ny knowledge and belief it is true, correct an	d complete	
Type or Print Name of	Freasurer	iius		
Signature of Treasurer	Electronically Filed by <b>Janic</b>	e Edwards	Date 0 4 / 27 / Y Y Y O 7	
NOTE: Submission of fal	·	on may subject the person signing this State	•	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		

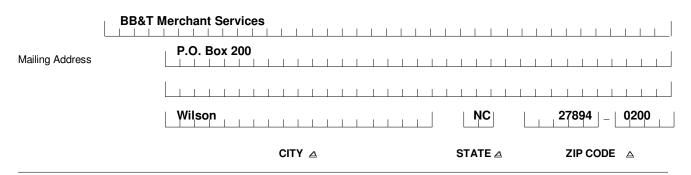
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5.	TYPE OF COMMITTEE (Check One)					
	(a) X This committee is a principal campaign committee. (Complete the candidate information below.)  (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the campaign committee).	andidate				
	Name of Donna Edwards Candidate Donna Edwards					
	Candidate Party Affiliation  Office Sought:  X House Senate President	State MD District 04				
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate					
		mocratic, publican,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.					
ŝ.	Name of Any Connected Organization or Affiliated Committee					
L						
L						
	Mailing Address					
	CITY▲ STATE▲ Z	ZIP CODE A				
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock Labor Organization	on				
	Membership Organization Trade Association Cooperative					

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Write or Type Committee Name	)							
DONNA EDWARDS FO	OR CONGRESS							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Donn	a Edwards							
Mailing Address	8904 Glen Lane							
	Fort Washington	MD	20744					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A					
Custodia	an of Records	301 Telephone number	567					
Full Name	ny designated agent (e.g., assistant trea ee Edwards  11440 Abbottswood C							
	Upper Marlboro	MD	20744					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A					
Treasure	er	Telephone number 301	336 1261					
Full Name of Designated Agent								
Mailing Address								
Title or Position ♥	CITY A	STATE A	ZIP CODE A					
		Telephone number						

FFC	Form 1	(Revised	02/2003)

. **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.



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