

RECEIVED  
FEDERAL ELECTION COMMISSION  
2003 NOV 25 P 3 01

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.  LEFEANS

Carol Noseley Braun

ADDRESS (number and street) P.O. Box 16560

CITY (Check if address is changed) Chicago IL 60616-0560

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

3. FEC IDENTIFICATION NUMBER C00385021

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

I certify that I have exercised this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Moti Agarwal

Signature of Treasurer *Agarwal* Date 11/24/03

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.

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 Carol Moseley Braun

Candidate Party Affiliation:  DEM.      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 subsidiary) 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 with 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 campaign books and records.

Full Name Mohi Agarwal

Mailing Address P.O. Box 16560

Chicago IL 60616

Title or Position CITY STATE ZIP CODE

Treasurer 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 Mohi Agarwal

Mailing Address P.O. Box 16560

Chicago IL 60616

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

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.

Bank of America

Mailing Address

231 South LaSalle

Chicago IL 60604

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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