

FEDERAL  
ELECTION  
OPERATIONS CENTER  
2004 FEB 25 A 10:37  
Office Use Only

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing type over the lines

12FE4ME

LATINA ROUNDTABLE PAC

ADDRESS (number and street)

6848 OLD DOMINION DRIVE

(Check if address is changed)

SUITE 222

McLEAN

VA

22101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

MM / DD / YYYY  
02 / 20 / 2004

3. FEC IDENTIFICATION NUMBER

C

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

MARILDA L. GANDARA

Signature of Treasurer

*Marilda L. Gandara*

Date

02 / 23 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5457g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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

**FEC FORM 1**

(Revised 02/03/03)

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

NONE

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

**LATINA ROUNDTABLE PAC**

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 **LESLIE KERMAN**

Mailing Address **6849 OLD DOMINION DRIVE**  
**SUITE 222**  
**McLEAN VA 22101**

Title or Position **ASSISTANT TREASURER**

CITY **McLEAN** STATE **VA** ZIP CODE **22101**

Telephone number **571 633 9741**

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 **MARILDA L. GANDARA**

Mailing Address **155 SCARBOROUGH STREET**  
**HARTFORD CT 06106**

Title or Position **TREASURER**

CITY **HARTFORD** STATE **CT** ZIP CODE **06106**

Telephone number

Full Name of Designated Agent **LESLIE KERMAN**

Mailing Address **6849 OLD DOMINION DRIVE**  
**SUITE 222**  
**McLEAN VA 22101**

Title or Position **ASSISTANT TREASURER**

CITY **McLEAN** STATE **VA** ZIP CODE **22101**

Telephone number **571 633 9741**

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.

RIGGS BANK, N.A.

Mailing Address

6805 OLD DOMINION DRIVE

McLEAN

VA

22101

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <b>FED EX</b>	Shipping Date <b>2/24/04</b>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<b>JAD</b>	<b>2/25/04</b>
<b>PREPARER</b>	<b>DATE PREPARED</b>