

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <b>The Massachusetts Victory Fund</b>	<input type="checkbox"/> (Check if name is changed)	RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS
(b) Number and Street Address <b>430 S. Capitol St., S.E.</b>	<input type="checkbox"/> (Check if address is changed)	2. DATE <b>09-29-99</b>
(c) City, State and ZIP Code <b>Washington, D.C. 20003</b>		3. FEC IDENTIFICATION NUMBER <b>C00345918</b>
		4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
  - (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
  - (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 a party committee.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Democratic Senatorial Campaign Comm.	430 S. Capitol St., S.E. Washington, D.C. 20003	Joint Fundraiser
Kennedy for Senate 2000	426 C Street, N.E., Rear Bldg. Washington, D.C. 20002	Joint Fundraiser

Type of Connected Organization  
 Corporation     Corporation w/o Capital Stock     Labor Organization     Membership Organization     Trade Association     Cooperative

**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
James P. Fox	430 S. Capitol St., S.E., Washington, D.C. 20003	Treasurer

**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	Mailing Address	Title or Position
James P. Fox	430 S. Capitol St., S.E., Washington, D.C., 20003	Treasurer
Andrew Crossman	430 S. Capitol St., S.E., Washington, DC 20003	Asst. Treasurer
Darlene Setter	430 S. Capitol St., S.E., Washington, DC 20003	Asst. Treasurer

**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.	Mailing Address and ZIP Code
Bank of America	730 15th St., N.W., Washington, D.C. 20005

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	SIGNATURE OF TREASURER	DATE
James P. Fox		09-29-99

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.

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