

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
JOE LIEBERMAN FOR PRESIDENT INC

ADDRESS (Home or street) **607 14th Street NW**
Suite 770
 (Check if address is changed) **Washington** **DC** **20005**
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
ggruver@Joe2004.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
joe2004.com

COMMITTEE'S FAX NUMBER
2024341690

2. DATE **06 / 12 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00384297**

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 **Francisco Borges**

Signature of Treasurer Electronically Filed by Francisco Borges Date **06 / 12 / 2004**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-894-1100

FEC FORM 1
 (Revised 02/2003)

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 Sen. Joe Lieberman

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate President _____ State _____ District **04**

- (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

JOE LIEBERMAN FOR PRESIDENT INC

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 Gary Gruver

Mailing Address 607 14th Street NW
Suite 770
Washington DC 20005

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 654 - 1704

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 Francisco Borges

Mailing Address 607 14th Street NW
Suite 770
Washington DC 20005

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 202 - 654 - 1704

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.

Bank of America

Mailing Address

730 15th Street NW

Washington

DC

20005 -

CITY Δ

STATE Δ

ZIP CODE Δ

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.

[ADDITIONAL]

People's Bank
 Mailing Address One Financial Plaza
 2nd Floor
 Hartford CT 06103 -
 CITY STATE ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address
 CITY STATE ZIP CODE

Relationship

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____
