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STATEMENT OF ORGANIZATION

(see reverse side for instructions)

1. (a) Name of Committee (in Full) ☐ Check if name or address is changed.	2. Date
Kennedy/DSCC Victory Fund	May 12, 1994
(b) Address (Number and Street)	3. FEC Identification Number
P.O. Box 8010	
(c) City, State and ZIP Code	4. Is this an amended Statement? ☐ YES ☐ NO
Boston, MA 02214	

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.)

Edward M. Kennedy	Democrat	Senate	MA
Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (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 nor a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Committee to Re-Elect Senator Edward M. Kennedy	P.O. Box 8010 Boston, MA 02214	Fundraising Representative

If the registering political committee has identified a "connected organization" above, please indicate type of 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, the person in possession of committee books and records.

Full Name	Mailing Address and ZIP Code	Title or Position
Mary Wong	270 Congress Street Boston, MA 02210	Comptroller

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 and ZIP Code	Title or Position
Frances Cooper	200 E. 87th St. #123 New York, NY 10128	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
Fleet Bank	75 State Street, Boston, MA 02109

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

Frances Cooper	Frances Cooper	5/24/94
Type or Print Name of Treasurer	SIGNATURE OF TREASURER	Date

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-523-4068

FEC FORM 1 (5/80)

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MARTHA S. POPE
SECRETARY

PAMELA B. GAVIN
SUPERINTENDENT

HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT(S) WAS:

✓ HAND DELIVERED July 13, 1994
Date of Receipt

_____ INSIDE MAIL _____
Date of Receipt

_____ RECEIVED FROM THE HOUSE OFFICE OF RECORDS AND REGISTRATIONS _____
Date of Receipt

_____ RECEIVED FROM THE FEDERAL ELECTION COMMISSION _____
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