

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

04 JUL -7 AM 10:46

Office use only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Kerry Committee

ADDRESS (number and street)

901 15th Street, NW



(Check if address is changed)

Suite 700

Washington

DC

20005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

pnichols@ohnkerry.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2027123008

2. DATE

06

17

2004

3. FEC IDENTIFICATION NUMBER

C C00177147

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

Peter D. Nichols

Signature of Treasurer

Peter D. Nichols

Date

06

17

2004

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

Office Use Only

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

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 John F. Kerry

Candidate Party Affiliation **DEM** Office Sought House Senate President State **MA** District **0**

- (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

Kerry Committee

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 John Zamparelli

Mailing Address 4 Doane Road

Medford MA 02155

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian of Records 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 Peter D. Nichols

Mailing Address 901 15th Street, NW

Suite 700

Washington DC 20005

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number 202 - 712 - 3000

Full Name of Designated Agent John Zamparelli

Mailing Address 4 Doane Road

Medford MA 02155

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian of Records 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.

Wachovia

Mailing Address

215 Pennsylvania Avenue Southeast

Washington

DC

20003

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]

Mailing Address

_____ - _____

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

Membership Organization

Corporation w/o Capital Stock

Trade Association

Labor Organization

Cooperative

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____-____-____

CERTIFIED MAIL

15th Street, NW

ite 700

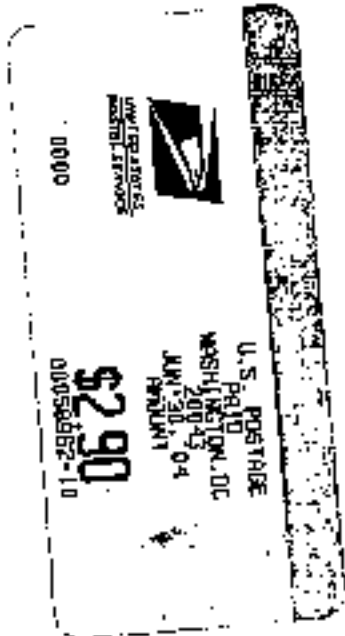
ashington, DC 20005



7003 2260 0002 0562 4926

3 MB

Office of Public Records
P.O. Box 5109
Alexandria, VA 22301



SECRETARY OF THE SENATE
04 JUL -7 AM 10:46

X-RAYED
BY THE SENATE
POST OFFICE

SCREENED BY
SENATE POST OFFICE

