

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
09/08/97

| | | |
|---|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL 7th Street PAC | <input type="checkbox"/> (Check if name is changed) | |
| (b) Number and Street Address 530 7th Street, SE, Second Floor | <input type="checkbox"/> (Check if address is changed) | SEP 9 1 36 PM '97 |
| (c) City, State and ZIP Code Washington, DC 20003 | | 3. FEC IDENTIFICATION NUMBER 4. IS THIS STATEMENT AN AMENDMENT? <input type="checkbox"/> YES <input checked="" 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. *Joint Fundraising Committee
 - (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

| 6. Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|--|-------------------------------|
| Effective Government Committee | Same as above | Joint Fundraising participant |
| Rhode Island PAC | 20 Phillips Street Providence, RI 02906 | Joint Fundraising participant |

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 |
|--------------|--|-------------------|
| Melissa Feld | 530 7th Street, SE, Second Floor Washington, DC 20003 | Office Manager |

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 |
|---------------|--|-------------------|
| Lindsay Lewis | 530 7th Street, SE, Second Floor Washington, DC 20003 | 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 |
|--------------------------------|---|
| Nations Bank | 666 Pennsylvania Avenue, SE Washington, DC 20003 |

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 Lindsay Lewis | SIGNATURE OF TREASURER | DATE 9/8/97 |
|--|----------------------------|--------------------|

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.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530

FEC FORM 1
(Revised 4/97)

