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**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

CITIZENS FOR BIDEN-2008

ADDRESS (number and street)

PO BOX 371

(Check if address is changed)

WILMINGTON DE 19899

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

OFFICE@IDEBIDEN.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

302-428-0364

2. DATE

12/18/06

3. FEC IDENTIFICATION NUMBER ▶

C00334037

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

Jennifer D Brown

Signature of Treasurer

Jennifer D. Brown

Date

12 12 2006

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

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

FEC FORM 1
(Revised 02/2003)

FES00642.PDF

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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 JOSEPH R. BIDEN JR.

Candidate Party Affiliation DEM Office Sought House Senate President State DE District

- (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

25021110951

Write or Type Committee Name

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 CITY STATE ZIP CODE

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

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

2602110952

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

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

26021110953

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

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FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
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RECEIVED FROM FEDERAL ELECTION COMMISSION **12-18-06**
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PREPARER **RD** DATE PREPARED **12-18-06**

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