

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL ROOM

2001 APR 30 A 9 28

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Exempt if typing type over the lines.

12FR4M5

DEMOCRATIC COMPETITIVE POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

209 PENNSYLVANIA AVE SE

(Check if address is changed)

WASHINGTON D.C 20003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

04 27 2001

3. FEC IDENTIFICATION NUMBER

C

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

KENNETH SJORSLEV

Signature of Treasurer

Kenneth Sjorslev

Date

04 27 2001

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 800-624-6530 Local 202-694-1100

FEC FORM 1 (Revised 1/01)

FEC Form 1 (Revised 1/81)

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

House

Senate

President

State

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

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Write or Type Committee Name

DEMOCRATIC COMPETITIVE POLITICAL ACTION 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 KENNETH SJORSLEV

Mailing Address 299 PENNSYLVANIA AVE SE
WASHINGTON DC 20003

Title or Position --- CITY --- STATE --- ZIP CODE ---

DIRECTOR 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 KENNETH SJORSLEV

Mailing Address 209 PENNSYLVANIA AVE SE
WASHINGTON DC 20003

Title or Position --- CITY --- STATE --- ZIP CODE ---

DIRECTOR Telephone number -----------

Full Name of Designated Agent KENNETH SJORSLEV

Mailing Address 299 PENNSYLVANIA AVE SE
WASHINGTON DC 20003

Title or Position --- CITY --- STATE --- ZIP CODE ---

DIRECTOR 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.

FIRST UNITED NATIONAL BANK

Mailing Address

215 PENNSYLVANIA AVE SE

WASHINGTON DC 20003

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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