

Federal PAC NC Disclosure Report Cover

Amendment
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.
 You must amend the Federal PAC Statement of Organization (CRO-4000) to make those kinds of committee changes.
 Use the Addendum form (CRO-4110) if additional information needs to be provided.

1. Committee Information	
a. Full Name D.R.I.V.E.- Democrat, Republican, Independent Voter Education	c. NC ID Number 9800026
b. Mailing Address (include City, State and Zip Code) 25 Louisiana Ave, NW Washington, D.C. 20001	d. Date Filed 6-22-04
	e. Phone Number 202-624-6905

2. Report Year 2004	3. Period Start Date (mm/dd/yyyy) 1/1/04	4. Period End Date (mm/dd/yyyy) 2/15/04 4-17-04	5. Total Amount Given to NC Committees \$ 0.00
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6. Type of Report (check one)	8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000])										
<table border="0"> <tr> <td>Quarterly</td> <td>Semi-annual</td> </tr> <tr> <td><input checked="" type="checkbox"/> First Plus</td> <td><input type="checkbox"/> Mid Year</td> </tr> <tr> <td><input type="checkbox"/> Second</td> <td><input type="checkbox"/> Year End</td> </tr> <tr> <td><input type="checkbox"/> Third Plus</td> <td><input type="checkbox"/> Special</td> </tr> <tr> <td><input type="checkbox"/> Fourth</td> <td></td> </tr> </table>	Quarterly	Semi-annual	<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year	<input type="checkbox"/> Second	<input type="checkbox"/> Year End	<input type="checkbox"/> Third Plus	<input type="checkbox"/> Special	<input type="checkbox"/> Fourth		Thomas Keegel
Quarterly	Semi-annual										
<input checked="" type="checkbox"/> First Plus	<input type="checkbox"/> Mid Year										
<input type="checkbox"/> Second	<input type="checkbox"/> Year End										
<input type="checkbox"/> Third Plus	<input type="checkbox"/> Special										
<input type="checkbox"/> Fourth											
7. Special Report Name (if applicable)	9. Assistant Treasurer Full Name (list the assistant that is a NC resident, if it is not the treasurer)										
	Jack Cipriani										

10. Account Information		10. Account Information	
a. Financial Institution Full Name Amalgamated Bank		a. Financial Institution Full Name	
b. Purpose Checking	c. Code Amal	b. Purpose	c. Code
d. Period Begin Balance \$ 0.00	e. Period End Balance \$ 0.00	d. Period Begin Balance \$	e. Period End Balance \$

CERTIFICATION

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

C. Thomas Keegel *C. Thomas Keegel* 6-22-04
 Printed Name of Signer Signature of Appointed Treasurer Date

FOR OFFICE USE ONLY

Date Received:		Employee:	_____	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked:		Employee:	<i>MC</i>	
Date Scanned:		Employee:	<i>HAN</i>	

17