



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF CAMPAIGN FINANCE  
WASHINGTON, D.C. 20003**

**STATEMENT OF ORGANIZATION  
CONSTITUENT-SERVICE PROGRAM**

Original  Amendment

**1.(a) Full Name of Constituent-Service Program**       Check if name or address is changed.

**(b) Address (Number and Street) (No Post Office Boxes)**

**(d) Office Phone Number**

**(c) City, State and Zip Code**

**(e) E-Mail Address**

**2. Elected Official's position:**

Mayor    Council Chairman    Council At-Large    Council -Ward    Senator    Representative

**3. Custodian of Records:** List name, address, phone number, position, and e-mail address of the person in possession of the Constituent-service program's books and records.

Full Name	Mailing Address and Zip Code	Daytime Phone#	Title or Position	E-Mail Address
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**4. Treasurer:** List name, address, phone number, and e-mail address of the Treasurer for the Constituent-service program; and the name and address of any designated agent or assistant treasurer.

Full Name	Mailing Address and Zip Code	Daytime Phone#	E-Mail Address
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**5. Chairperson:** List name, address, phone number, and e-mail address of the Chairperson for the Constituent-service program.

Full Name	Mailing Address and Zip Code	Daytime Phone#	E-Mail Address
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**6. Elected Official:** List name, address, phone number, and e-mail address of the Elected Official establishing the Constituent-service program.

Full Name	Mailing Address and Zip Code	Daytime Phone#	E-Mail Address
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**7. Banks or other Depositories:** List all banks or other depositories in which the Constituent-service program deposits funds, holds accounts, rents safety deposit boxes or maintains funds. On a separate sheet attached to this statement, list the name, title, address and phone number of each person authorized to make withdrawals or payments out of the Constituent-service program's bank accounts.

Full Name	Mailing Address and Zip Code	Daytime Phone#	Account Title(s)	Account Number(s)
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I certify that I have examined this statement and, to the best of my knowledge and belief, it is true, correct and complete.

**For Further Information, Contact:**

Office of Campaign Finance  
1015 Half Street, S.E., Suite 775  
Washington, D.C. 20003

(202) 671-0547

\_\_\_\_\_  
**SIGNATURE OF ELECTED OFFICIAL**

\_\_\_\_\_  
**DATE**

Subscribed and Sworn or affirmed to by me this \_\_\_\_\_ day of

**MONTH/YEAR**

My Commission Expires: \_\_\_\_\_  
**DATE**

**NOTARY PUBLIC**

GENERAL INSTRUCTIONS  
OCF FORM 7

**WHO MUST FILE:** The Mayor, the Chairman of the Council and members of the Council, and D.C. Senators and Representatives are authorized to establish a Constituent-Service Program.

**WHEN TO FILE:** Each elected official authorized to establish a Constituent-Service Program shall file a Statement of Organization for a Constituent-Service Program with the Director within 15 days of establishing the program.

**WHERE TO FILE:** An original report and any amendments to an original report must be filed or mailed to the Office of Campaign Finance, 1015 Half Street S.E., Suite 775, Washington, D.C. 20003.