

FEC FORM 1

STATEMENT OF ORGANIZATION

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2008 JUN 17 PM 4:06

Office Use Only

1. NAME OF COMMITTEE (in full) X (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

New Republican Majority Fund

ADDRESS (number and street) 201 North Union Street

X (Check if address is changed) Suite 530

Alexandria VA 22314

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NRMFUSA@AOL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

None

COMMITTEE'S FAX NUMBER

703-548-5954

2. DATE 06 / 17 / 2008

3. FEC IDENTIFICATION NUMBER C 00219220

4. IS THIS STATEMENT NEW (N) OR X 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 Bret K. Boyles

Signature of Treasurer [Handwritten Signature] Date 06 / 17 / 2008

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.

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number: C
2. \_\_\_\_\_ FEC ID number: C
3. \_\_\_\_\_ FEC ID number: C
4. \_\_\_\_\_ FEC ID number: C
5. \_\_\_\_\_ FEC ID number: C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization      Affiliated Committee      Leadership PAC Sponsor      Joint Fundraising Representative

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

Dirk, Smith

Mailing Address

201 North Union Street  
Suite 530  
Alexandria      VA      22314

CITY

STATE

ZIP CODE

Title or Position

Controller

Telephone number

703 - 299 - 6600

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

Bret K. Boyles

Mailing Address

201 North Union street  
Suite 530  
Alexandria      VA      22314

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

703 - 299 - 6600

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Full Name of Designated Agent

Mailing Address

Title or Position

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.

BB&T

Mailing Address

1909 K Street, NW

Second Floor

Washington

DC

20006

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Hancock Bank

Mailing Address

One Hancock Plaza

Gulfport

MS

39501

CITY

STATE

ZIP CODE

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

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Other (Specify): Date of Receipt or Postmarked

*Jm W*  
 PREPARER  
 (3/2005)

*6/18/08*  
 DATE PREPARED

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