

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
OFFICE OF THE CLERK

2003 SEP -8 A 10:49

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

EUREKA Political Action Committee

ADDRESS (number and street)

1155 21st Street, NW

(Check if address is changed)

Suite 300

Washington

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2028594563

2. DATE

09 / 08 / 2003

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

Barbara W. Boefiglio

Signature of Treasurer

Barbara W. Boefiglio

Date

09 / 08 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 8437c.

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 02/2003)

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

None _____

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Title of Type Committee Name

EUREKA 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 Barbara Bonfiglio

Mailing Address 1155 21st Street, NW
Suite 300
Washington DC 20036

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20036

Telephone number 202 659 8201

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 Barbara W. Bonfiglio

Mailing Address 1155 21st Street, NW
Suite 300
Washington DC 20036

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20036

Telephone number 202 659 8201

Full Name of Designated Agent _____

Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____

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.

Wachovia

Mailing Address

20th & L Sts., NW

Washington

DC

20038

CITY ▲

STATE ▲

ZIP CODE ▲

2003 02 28 10 00 AM

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 9/8/03
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(6/2000)

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