

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

MATTHEW 25 NETWORK

ADDRESS (number and street)

25 E STREET, NW

(Check if address is changed)

SUITE 200

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

maravanderslice@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.matthew25network.com

COMMITTEE'S FAX NUMBER

2023479864

2. DATE M M / D D / Y Y Y Y. 05 / 02 / 2008

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT X 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 MARA VANDERSLICE

Signature of Treasurer

Electronically Filed by

*Mara Vanderslice*

Date

M M / D D / Y Y Y Y 05 / 05 / 2008

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 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 02/2003)

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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

28039721190

Write or Type Committee Name

**MATTHEW 25 NETWORK**

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 MARA VANDERSLICE

Mailing Address 25 E STREET, NW  
SUITE 200  
WASHINGTON DC 20001

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 783 - 2130

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 MARA VANDERSLICE

Mailing Address 25 E STREET, NW  
SUITE 200  
WASHINGTON DC 20001

Title or Position ▼ TREASURER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 783 - 2130

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Title or Position ▼ \_\_\_\_\_ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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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

444 NORTH CAPITOL STREET, NW

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission  
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<input type="checkbox"/> No Postmark	
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PREPARER

5/6/08  
DATE PREPARED

28039721193