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FEC
FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

VANGUARD COMMITTEE FOR RESPONSIBLE GOVERNMENT

ADDRESS (number and street)

400 DEVON PARK DRIVE

(Check if address
is changed)

WAYNE

PA

19087-1816

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

VANGUARD_GOVERNMENT_RELATIONS@VANGUARD.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

610-669-6840

2. DATE

03 / 18 / 2005

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

BRIAN S. MATTES

Signature of Treasurer



Date

03 / 18 / 2005

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.

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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

THE VANGUARD GROUP _____

Mailing Address PO BOX 2600 _____

VALLEY FORGE PA 19482-2600
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship CONNECTED _____

Type of Connected Organization:

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

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Write or Type Committee Name

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 BRIAN S. MATTES

Mailing Address THE VANGUARD GROUP V30
PO BOX 2600
VALLEY FORGE PA 19482-2600

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRINCIPAL Telephone number 610-669-6219

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 BRIAN S. MATTES

Mailing Address THE VANGUARD GROUP V30
PO BOX 2600
VALLEY FORGE PA 19482-2600

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

PRINCIPAL Telephone number 610-669-6219

Full Name of Designated Agent R. GREGORY BARTON

Mailing Address THE VANGUARD GROUP V26
PO BOX 2600
VALLEY FORGE PA 19482-2600

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

GENERAL COUNSEL Telephone number 610-669-4063

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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.

VANGUARD PRIME MONEY MARKET FUND

Mailing Address

PO BOX 1110

VALLEY FORGE PA 19482-1110

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲


STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<i>FED Ex</i>	<i>3/18/05</i>
Next Business Day Delivery <input checked="" type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	<i>3/21/05</i>
PREPARER	DATE PREPARED

(3/2005)