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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines

12FE4M5

New American Leadership Fund

ADDRESS (number and street)

1155 21st Street, NW

(Check if address
is changed)

Suite 300

Washington

DC

20038

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

bwbonfiglio@wms-jen.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02

08

2003

3. FEC IDENTIFICATION NUMBER

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 Bonfiglio

Signature of Treasurer

Electronically Filed by

Barbara W. Bonfiglio

Date

02

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. 8407g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 877-424-9830
Local 202-694-1100

FEC FORM 1
(Revised 1/2001)

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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: _____

Type of Connected Organization:

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

Write or Type Committee Name

New American Leadership Fund

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 W. Bonfiglio

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

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		<u>DC</u>	<u>20036</u>
		Telephone number	<u>202 659 8201</u>

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 Barbara W. Bonfiglio
1155 21st Street, NW, Suite 300
Washington DC 20036

Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
<u>Treasurer</u>		<u>DC</u>	<u>20036</u>
		Telephone number	<u>202 659 8201</u>

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.

North Shore Community Bank

Mailing Address

351 Linden Avenue

Wilmette

IL

60091

CITY Δ

STATE Δ

ZIP CODE Δ

2003-12-11 10:03:00 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.

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<i>SMW</i> PREPARER	2-11-03 DATE PREPARED

(6/2000)

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