

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

RECEIVED
FEC MAIL ROOM
2001 MAY -3 A 10:03

Office Use Only

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

Republican Majority Fund

ADDRESS (number and street) 1155 21st Street, NW
Suite 300
Washington DC 20036
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)
N/A

2. DATE 05 02 2001

3. FEC IDENTIFICATION NUMBER C 00296640

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 [Handwritten Signature] Date 05 02 2001

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.

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
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- (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

BN Committee \_\_\_\_\_

Mailing Address 1155 21st St. NW \_\_\_\_\_

Suite 300 \_\_\_\_\_

Washington \_\_\_\_\_ DC \_\_\_\_\_ 20036 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Joint Fundraising Committee \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

**Republican Majority 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 Bonfiglio

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

Title or Position Asst. Treasurer CITY STATE ZIP CODE

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 Mike Wright

Mailing Address 2105 Maple Leaf Circle  
End OK 73703

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number - -

Full Name of Designated Agent Barbara W. Bonfiglio

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

Title or Position CITY STATE ZIP CODE

Asst. Treasurer Telephone number 202 - 659 - 8201

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.

First Union National Bank

Mailing Address

20th & L Streets NW

Washington DC 20036

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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Date of Receipt

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and/or Date of Receipt

Electronic Filing

*JL*  
PREPARER

5-3-01  
DATE PREPARED