07/25/2003 17 : 20

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

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

Mary Bono Committee

ADDRESS (Number and Street)

P.O. Box 3370

(Check if address is changed)

Palm Springs | CA | 92263 -

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-659-8201

2. DATE M M / D D / Y Y Y Y 07 25 2003

3. **FEC IDENTIFICATION NUMBER** C C00332890

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 Barbara W. Bonfiglio

Signature of Treasurer Electronically Filed by Barbara W. Bonfiglio Date M M / D D / Y Y Y Y 07 25 2003

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

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-110