01/30/2002 15 : 13

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

Madison Project

ADDRESS (Number and street) P.O. Box 176

(Check if address is changed)

Lincoln VA 20160

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

madisonproject@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 01 30 2002

3. **FEC IDENTIFICATION NUMBER** C00298000

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 Mrs. Elizabeth Smith

Signature of Treasurer Electronically Filed by Mrs. Elizabeth Smith Date 01 30 2002

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

FEC FROM 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) X 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

Madison Project

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: Michael Bowman

Mailing Address: PO Box 176

Lincoln VA 20160 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistiant Treasurer

Telephone number 540 – 338 – 6960

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: Mrs. Elizabeth Smith

Mailing Address: 11554 Holly Briar Lane

Great Falls VA 22066 –

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer

Telephone number 703 – 444 – 4443

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.

First Union

Mailing Address P.O. Box 13327

Roanoke VA 24040 - 7314

CITY △ STATE △ ZIP CODE △