

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) Republican Jewish Coalition Political Action Committee (RJC PAC)	2. DATE April 22 1999
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 415 Second Street, N.E., Suite 100	3. FEC Identification Number _____
(c) City, State and ZIP Code Washington, D.C. 20002	4. Is This Report Anonymous? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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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 | City/State | State/District |
|-------------------|-----------------------------|------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee. (name of candidate)
 - (d) This committee is a _____ committee of the _____ Party. (National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

5. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
Republican Jewish Coalition	415 Second Street, N.E. Suite 100 Washington, D.C. 20002	Connected

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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 Nancy Schoenburg	Mailing Address 415 Second Street, N.E., Suite 100 Washington, D.C. 20002	Title or Position Office Administrator
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8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee - the name and address of any designated agent (e.g., assistant treasurer).

Full Name Norman Freidkin	Mailing Address 6163 Executive Blvd. Rockville, MD 20852	Title or Position Treasurer
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits or holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. BB&T (Branch Banking & Trust Co.)	Mailing Address and ZIP Code 1722 I Street, N.W. Washington, D.C. 20006
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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 Norman Freidkin	SIGNATURE OF TREASURER 	DATE April 26, 1999
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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 30 DAYS.

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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