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2003 NOV 12 A 9 43

FEC
FORM 1

STATEMENT OF ORGANIZATION

Please Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

REG PAC

ADDRESS (number and street)

497-B NEW JERSEY AVENUE SE

(Check if address is changed)

WASHINGTON

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

11 04 2003

3. FEC IDENTIFICATION NUMBER ▶

C00389122

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 DANIEL M. KENDE

Signature of Treasurer *Daniel M. Kende*

Date 11 04 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 800-424-9630
Local 202-594-1100

FEC FORM 1
(Revised 02/2003)

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

W. O. M. E. _____

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

REP PAC

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 TREASURER

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

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 DANIEL M. KEFFE

Mailing Address 137-B NEW JERSEY AVENUE SE WASHINGTON DC 20003

Title or Position CITY STATE ZIP CODE Telephone number TREASURER 202-547-7566

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

8 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.

WACHTONIA
 215 PENNSYLVANIA AVENUE SE
 WASHINGTON DC
 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

 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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 11-6-03
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<input type="checkbox"/> Postmark Illegible	
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<i>John W</i> PREPARER	11-12-03 DATE PREPARED