24038401910

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

2004 MAY -3 P 1:03

Office use only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FEUM5

Come Back Political Action Committee

ADDRESS (number and street) 1155 21st Street, NW

☐ (Check if address is changed) Suite 300

Washington | DC | 20036

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 202 659 4953

2. DATE M M 05 / D D 03 / Y Y Y Y 2004

3. FEC IDENTIFICATION NUMBER C

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 Barbara Bonfiglio Date 05 / 03 / 2004

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 202-694-1100

FEC FORM 1
(Revised 09/2003)

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

None

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

Come Back Political Action Committee

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 W. Bonfiglio

Mailing Address: 1155 21st Street, NW
Suite 300
Washington — DC — 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

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: Barbara W. Bonfiglio

Mailing Address: 1155 21st Street, NW
Suite 300
Washington — DC — 20036

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼: Treasurer

Telephone number: 202 - 659 - 8201

Full Name of Designated Agent:

Mailing Address:

CITY ▲ STATE ▲ ZIP CODE ▲

Title or Position ▼:

Telephone number: - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, hold accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Wachovia

Mailing Address 20th & L Sts, NW

Washington DC 20036

CITY STATE ZIP CODE

24038401914

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☑ Hand Delivered	Date of Receipt 5-3-04
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dmu PREPARER	5-4-04 DATE PREPARED

(2/2004)