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FEC
FORM 1

STATEMENT OF ORGANIZATION

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

7TH CONGRESSIONAL DISTRICT REPUBLICAN PARTY

P.O. BOX 5101A

ADDRESS (number and street) 215 WELDON DR AVENUE

X (Check if address is changed) MADISON IN 46254-1706

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

GATFIELD@MSN.COM

SEVENTHCDGOP@LYCOS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

567-1271-3122

2. DATE 02 09 2004

3. FEC IDENTIFICATION NUMBER C00380873

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined the Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer EDWARD C. GATFIELD

Signature of Treasurer *Edward C. Gatfield* Date 02 04 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 800-438-6630 Local 202-694-1100

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.

9. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation with Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Write or Type Committee Name

7TH CONGRESSIONAL DISTRICT REPUBLICAN PARTY OF MINNESOTA

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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, funds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>PS</i>	<i>2/18/04</i>
PREPARER	DATE PREPARED

(2/2004)