

**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  
 Republican Majority Fund

ADDRESS (Number and street) 1155 21st Street NW  
 Suite 300  
 (Check if address is changed) Washington DC 20036  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 None

COMMITTEE'S FAX NUMBER  
 202-659-4958

2. DATE 01 / 03 / 2005

3. FEC IDENTIFICATION NUMBER C C00296640

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 Ms Barbara Bonfiglio

Signature of Treasurer Electronically Filed by Ms Barbara Bonfiglio Date 01 / 03 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only				
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For further information contact:  
 Federal Election Commission  
 Toll Free 800-424-9530  
 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
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- (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

Common Sense Leadership Fund \_\_\_\_\_

Mailing Address \_\_\_\_\_ 1155 21st Street NW \_\_\_\_\_

\_\_\_\_\_ Suite 300 \_\_\_\_\_

\_\_\_\_\_ Washington \_\_\_\_\_ DC \_\_\_\_\_ 20036 \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | Affiliated \_\_\_\_\_

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**Republican Majority Fund**

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 Ms Barbara Bonfiglio

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

Title or Position ▼ Treasurer 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 Ms Barbara Bonfiglio

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

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 - 659 - 8201

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.

Wachovia

Mailing Address

20th & L Streets, NW

Washington

DC

20036 -

CITY Δ

STATE Δ

ZIP CODE Δ