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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. 12FB4M5

Bull Moose Republicans, Inc.

ADDRESS (number and street)

1747 PENNSYLVANIA AVE., N.W.

(Check if address is changed)

#157

WASHINGTON DC 20006

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

jsims@bullmooserepublicans.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.bullmooserepublicans.com

2. DATE 04 15 2002

3. FEC IDENTIFICATION NUMBER ▶

C 123456789

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

Jonathan Paul Sims

Signature of Treasurer

Date

04 25 2002

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

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1

(Revised 1/01)

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

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

Bull Moose Republicans, Inc.

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 Jonathan Sims
 Mailing Address 1747 PENNSYLVANIA AVE., N.W.
#157
WASHINGTON DC 20006
 Title or Position DIRECTOR/TREASURER CITY STATE ZIP CODE
 Telephone number 240-401-1237

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 Jonathan Sims
 Mailing Address 1747 PENNSYLVANIA AVE., N.W.
#157
WASHINGTON DC 20006
 Title or Position DIRECTOR/TREASURER CITY STATE ZIP CODE
 Telephone number 240-401-1237

Full Name of Designated Agent Stephen Yelverton
 Mailing Address 1747 PENNSYLVANIA AVE., N.W.
#157
WASHINGTON DC 20006
 Title or Position GENERAL COUNSEL CITY STATE ZIP CODE
 Telephone number 703-820-9117

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CHEVY CHASE BANK

750 WISCONSIN AVE


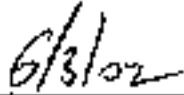
BETHESDA MD 20814

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission

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