

GOD WILL BE DONE ON EARTH AS IN HEAVEN

FEC FORM 1

STATEMENT OF ORGANIZATION

REGISTRATION CENTER

2004 APR 26 5:35 PM OFFICE USE ONLY

1. NAME OF COMMITTEE (or full) (Check if name is changed) Example: If typing, type over the lines. 12PK4M5

REPRESENTATIVE FOR GOD

JEHANNA JOAN MALONE

ADDRESS (number and street) STBLEY PLAZA

(Check if address is changed) 1140 NORTH CAPITOL STREET NW Suite 501

WASHINGTON DC 20003-1

CITY STATE ZIP CODE

COMMITTEE'S MAIL ADDRESS POB 15082

WASHINGTON DC 20003

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04/26/2004

3. FEC IDENTIFICATION NUMBER 000384727

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 REPRESENTATIVE FOR GOD JEHANNA JOAN MALONE

Signature of Treasurer Jehanna Joan Malone 04/26/2004

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.

GOD

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: YEHANNA JONAH MARY MALONE

Candidate Party Affiliation: REP Office Sought:  House  Senate  President State: WA District: 05

- (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 REP (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 **REPRESENTATIVE FOR GOD**

**A**

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 **YEHANNA JOAN MARY MALONE**

Mailing Address **SIBLEY PLAZA NORTH CAPITAL SIBLEY PLAZA**

**1140 North Capital Apt 501**  
**WASHINGTON D.C 20003-1**

Title or Position \_\_\_\_\_ CITY STATE ZIP CODE  
Telephone number **202-1-1-1**

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 **SIBLEY PLAZA**  
**1140 NORTH CAPITAL APT #501**  
**WASHINGTON D.C 20003-1**

Title or Position \_\_\_\_\_ CITY STATE ZIP CODE  
Telephone number **202-1-1-1**

Full Name of Designated Agent **REPRESENTATIVE FOR GOD**  
**YEHANNA JOAN MARY MALONE**

Mailing Address **SIBLEY PLAZA**  
**1140 NORTH CAPITAL STREET NW APT 501**  
**WASHINGTON DC 20003-1**

Title or Position \_\_\_\_\_ CITY STATE ZIP CODE  
Telephone number **202-1-1-1**

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

Name of Bank, Depository, etc.

SAME AS BEFORE

Mailing Address

~~PO BOX 11111~~

~~11111~~

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

SAME AS BEFORE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>4-26-04</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i>	<i>4-26-04</i>
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