

**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  
**2003 PRESIDENT'S DINNER COMMITTEE**

ADDRESS (Number and street) **6302 Massachusetts Ave**  
 (Check if address is changed) **Bethesda** **MD** **20816**  
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS  
**ward@nrcc.org**

COMMITTEE'S WEB PAGE ADDRESS (URL)  
**None**

COMMITTEE'S FAX NUMBER  
**2028637509**

2. DATE **06 / 11 / 2004**

3. FEC IDENTIFICATION NUMBER **C C00385484**

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 **Christopher J. Ward**

Signature of Treasurer Electronically Filed by **Christopher J. Ward** Date **06 / 11 / 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

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

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE \_\_\_\_\_

Mailing Address \_\_\_\_\_ 320 FIRST STREET \_\_\_\_\_

\_\_\_\_\_

WASHINGTON DC 20003 - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship | JF Participant \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |                    |
|-------------------------|-------------------------------|--------------------|
| Corporation             | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | Trade Association             | Cooperative        |

Write or Type Committee Name

2003 PRESIDENT'S DINNER 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 Christopher J. Ward

Mailing Address 6302 Massachusetts Avenue

Bethesda MD 20816

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 Christopher J. Ward

Mailing Address 6302 Massachusetts Avenue

Bethesda MD 20816

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

Name of Bank, Depository, etc.

BB&T

Mailing Address

1909 K STREET, NW

WASHINGTON

DC

20009 -

CITY Δ

STATE Δ

ZIP CODE Δ

**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

\_\_\_\_\_

Mailing Address

425 SECOND STREET NE

\_\_\_\_\_

WASHINGTON DC 20002

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

JF Participant

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

**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.

[ ADDITIONAL ]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

2002 PRESIDENT'S DINNER COMMITTEE; THE

Mailing Address

6902 MASSACHUSETTS AVENUE

BETHESDA

MD

20816

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_



**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.

[ ADDITIONAL ]

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ ADDITIONAL ]

2004 PRESIDENT'S DINNER COMMITTEE, THE

Mailing Address

320 FIRST STREET SE

WASHINGTON

DC

20003

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ ADDITIONAL ]

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

\_\_\_\_\_

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_