

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

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2004 JUL 16 P 4:08

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

People of Oregon for a Republican Congress Committee

ADDRESS (number and street)

PO Box 1721

(Check if address is changed)

Washington

DC

20013

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

2028637509

2. DATE

07 / 15 / 2004

3. FEC IDENTIFICATION NUMBER

C

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

Date

07 / 15 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5487g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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.

6. Name of Any Connected Organization or Affiliated Committee

GOLI AMERI FOR CONGRESS 2004

Mailing Address

1555 SW 133RD AVE

TIGARD

CITY

OR

STATE

97224

ZIP CODE

Relationship

JF Participant

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

FEC Form 1 (Revised 02/2003)

Write or Type Committee Name

People of Dragon for a Republican Congress 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 Ave

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 Ave

Bethesda MD 20816

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

Mailing Address

CITY STATE ZIP CODE

Title or Position

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.

Mailing Address	Wachovia	1970 Chain Bridge Rd	McLean	VA	22102
	CITY		STATE	ZIP CODE	

[ADDITIONAL]

Designated Agent

Full Name _____


Mailing Address _____

Title or Position CITY STATE ZIP CODE

Telephone number _____

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 7-16-04
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (5/2004)	7-16-04 DATE PREPARED