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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FEB4MS

COMMITTEE TO RE-DEFEAT THE PRESIDENT

ADDRESS (number and street) P.O. BOX 65075

☐ (Check if address is changed)

WASHINGTON DC 20035-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@REDEFEATBUSH.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.REDEFEATBUSH.COM

COMMITTEE'S FAX NUMBER

-- -

2. DATE 08 25 2003

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 DAVID A. LYTEL

Signature of Treasurer David A. Lytel Date 08 25 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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 02/2003)

fec1slmp.pdf

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

NONE

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

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: DAVID A. LYTEL

Mailing Address: P.O. BOX 65075

WASHINGTON DC 20035-

City ▲ State ▲ ZIP CODE ▲

Title or Position▼: FOUNDER

Telephone number: 202-253-1330

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: DAVID A. LYTEL

Mailing Address: P.O. BOX 65075

WASHINGTON DC 20035-

City ▲ State ▲ ZIP CODE ▲

Title or Position▼: TREASURER

Telephone number: 202-253-1330

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.

WACHOVIA BRANCH DC1196

Mailing Address 1100 CONNECTICUT AVENUE, NW

WASHINGTON DC 20036-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

23038194341

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	Date of Receipt
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PREPARER

8-27-03
DATE PREPARED

(6/2000)