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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (if full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12884MS

ALEXANDRIA REPUBLICAN CITY COMMITTEE

ADDRESS (number and street)

P.O. BOX 245

(Check if address
is changed)

ALEXANDRIA MA 02231-0245

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

TREASURER@ALEX.GOP.ORG

CHAIR@ALEX.GOP.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ALEX.GOP.ORG

COMMITTEE'S FAX NUMBER

2. DATE 04 01 2004

3. FEC IDENTIFICATION NUMBER 000276204

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

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 BRENDA M. HANKINS

Signature of Treasurer

Brenda M. Hankins

Date

04 12 2004

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

FEC FORM 1
(Revised 07/2003)

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 subunit(s)) 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

ALEXANDRIA REPUBLICAN CITY COMMITTEE

7. Custodian of Records: Identify by name, address (phone number - optional) and political or judicial if the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position CITY STATE ZIP CODE

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 BRENDA MARIE HANKINS

Mailing Address 1422 WOODBINE ST

ALEXANDRIA VA 22302

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-572-9289

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.

.....

Mailing Address

.....

.....

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

.....

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.

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