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FEC
FORM 1

STATEMENT OF
ORGANIZATION

(Use only)

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 128184MS

WOMEN IN SUPPORT OF THE PRESIDENT

ADDRESS (number and street) POST OFFICE BOX 894

(Check if address is changed) EDGEWATER MA 01927-0894

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS WISPO@SONOMA.IL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER 410-257-4794

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 Robert Gary LaSchiavo

Signature of Treasurer [Signature] Date 07 23 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.

Table with 5 columns: Office, Use, Copy, and two empty columns.

For further information contact
Federal Election Commission
Toll Free 800-426-6890
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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 territorial) 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 with Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Women in Support of the President

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 ROBERT GARY LOSCHIAVO
 Mailing Address 1461 PLEASANT LAKE ROAD
ANNAPOLIS MD 21401-6052
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 410-757-0652

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 ROBERT GARY LOSCHIAVO
 Mailing Address 1461 PLEASANT LAKE ROAD
ANNAPOLIS MD 21401-6052
 Title or Position TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 410-757-0652

Full Name of Designated Agent VOYCE E THOMANN
 Mailing Address 1606 LAUREL LANE
ANNAPOLIS MD 21401-5525
 Title or Position ASSISTANT TREASURER CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 410-757-2345

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.

SUBURBAN FEDERAL BANK

Mailing Address

1460 RITCHIE HIGHWAY

ARNDOLD MD 21218

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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<i>Jm W</i> PREPARER	7-29-04 DATE PREPARED

(5/2004)