

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

| | |
|--|---|
| 1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) RECEIVES Clothing Industry & Workers Political Education Committee | 2. DATE 06/05/98 |
| (b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1155 21st Street, NW, Suite 300 | 3. FEC IDENTIFICATION NUMBER C00337063 |
| (c) City, State and ZIP Code Washington, DC 20036 | 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

JUN 9 11 08 AM '98

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 | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|--|------------------------------|--------------|
| N/A | | |

Type of Connected Organization

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

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 | Mailing Address | Title or Position |
|-------------------------|---|---------------------|
| Barbara Wixon Bonfiglio | 1155 21st St., NW, #300 Washington, DC 20036 | Assistant Treasurer |

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 | Mailing Address | Title or Position |
|----------------------|---|---------------------|
| J. Steven Hart | 1155 21st St., NW, #300, Washington, DC 20036 | Treasurer |
| Barbara W. Bonfiglio | 1155 21st St., NW, #300, Washington, DC 20036 | Assistant Treasurer |

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 and ZIP Code |
|--------------------------------|--|
| First Union National Bank | 20th & L Streets, NW Washington, DC 20036 |

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 J. Steven Hart | SIGNATURE OF TREASURER | DATE 06/05/98 |
|--|----------------------------|-------------------------|

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.

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.

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|---|---|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>6-9-98</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked _____ end/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>LEN</i> PREPARER | <i>6-9-98</i> DATE PREPARED |