

SEP 17 P 3:56

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. FIGHT BACK CAMPAIGN

Fight Back Campaign

ADDRESS (number and street) 818 Connecticut Ave., NW, Suite 1100

(Check if address is changed) Washington DC 20006

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS eric@fightbackcampaign.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.fightbackcampaign.org

COMMITTEE'S FAX NUMBER

2. DATE 9 16 2004

3. FEC IDENTIFICATION NUMBER

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 Eric Carbone

Signature of Treasurer [Handwritten Signature] Date 09 16 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 30 DAYS.

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

Fight Back Campaign

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 Eric Carbone

Mailing Address 818 Connecticut Ave., NW, Suite 1100

Washington DC 20006

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 202 728 1010

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 Eric Carbone

Mailing Address 818 Connecticut Ave., NW, Suite 1100

Washington DC 20006

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 202 728 1010

Full Name of Designated Agent None

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 candidate deposits funds. Folio accounts, bank safety deposit boxes or maintains funds.
Name of Bank, Depository, etc.

Bank of America

Mailing Address

730 15th Street, NW

Washington

DC

20006

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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