

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See Instructions)

RECEIVED
FEDERAL ELECTION COMMISSION

JUN 17 P 1 14

Office Use Only

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

12FE4M5

Great American Patriots Political Action Committee

ADDRESS (number and street)

1155 21st Street, NW

(Check if address
is changed)

Suite 300

Washington

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

06

17

2002

3. FEC IDENTIFICATION NUMBER

C00377515

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

Barbara W. Bonfiglio

Signature of Treasurer

Barbara W. Bonfiglio

Date

06

17

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-RESC
Local 202-694-1110FEC FORM 1
(Revised 12/01)

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
CandidateCandidate
Party AffiliationOffice
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

N/A

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

Great American Patriots Political Action Committee

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 Barbara W. Bonfiglio

Mailing Address 1155 21st Street, NW
Suite 300
Washington DC 20038 -

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20038

Telephone number 202 - 659 - 8201

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 Barbara W. Bonfiglio

Mailing Address 1155 21st Street, NW
Suite 300
Washington DC 20038 -

Title or Position Treasurer CITY Washington STATE DC ZIP CODE 20038

Telephone number 202 - 659 - 8201

Full Name of Designated Agent _____

Mailing Address _____

Title or Position _____ CITY _____ STATE _____ ZIP CODE _____

Telephone number _____

- B. **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.

Burke & Herbert Bank & Trust Company

Mailing Address

PO Box 268

Alexandria

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

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

6/17/02

☐ First Class Mail

POSTMARKED

☐ Registered/Certified Mail

POSTMARKED (R/C)

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House office of Records
and Registration

Date of Receipt

☐ Received from the Senate Office of Public
Records

Date of Receipt

☐ Other (Specify):

Postmarked

and/or Date of Receipt

☐ Electronic Filing

SK
PREPARER

6/17/02
DATE PREPARED