



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

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2000 JUL 17 P 2:07  
RQ-1

Charlie Davis, Treasurer  
Conservative Republican Network  
763A Delaware Avenue SW  
Washington, DC 20024

Identification Number: C00358861

JUN 28 2000

Reference: Statement of Organization dated 6/12/00

Dear Mr. Davis:

This letter is prompted by the Commission's preliminary review of your Statement of Organization. The review raised questions concerning certain information contained in the Statement. An itemization follows:

-Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please list their names, addresses, and relationships on Line 6. 11 CFR §102.2

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Thomas F. Maxwell, III  
Reports Analyst  
Reports Analysis Division

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL. <input type="checkbox"/> (Check if name is changed) <b>Conservative Republican Network</b>	2. DATE <b>7/13/00</b>
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) <b>763A Delaware Ave SW</b>	3. FEC Identification Number <b>200058861</b>
(c) City, State and ZIP Code <b>Washington DC 20024</b>	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

**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.

B. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
<b>None</b>		

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

**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

**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

*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 <b>Charles M Davis</b>	SIGNATURE OF TREASURER 	DATE <b>7/13/00</b>
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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.

