

**FEC FORM 1**

**STATEMENT OF ORGANIZATION**

(See instructions)

RECEIVED  
FEC MAIL CENTER

2009 APR 27 A 7:55  
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

Civic Forum PAC

ADDRESS (number and street)

P.O. Box 365

(Check if address is changed)

McLean

VA

22101

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

melodie@complianceconsultingva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 / 16 / 2009

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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 STEPHEN E PEARSON

Signature of Treasurer *[Handwritten Signature]*

Date 04 / 16 / 2009

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 Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

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5. TYPE OF COMMITTEE (Check One)

**Candidate Committee:**

- (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 \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation
  - Corporation w/o Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

- (f)  In addition, this committee is a Lobbyist/Registrant PAC.
- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	_____
2.	_____	FEC ID number	_____
3.	_____	FEC ID number	_____
4.	_____	FEC ID number	_____

29030081007

Write or Type Committee Name

**Civic Forum PAC**

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

**NONE**

Mailing Address

**CITY**

**STATE**

**ZIP CODE**

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

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

**Cabell Hobbs**

Mailing Address

**P.O. Box 365**

**McLean**

**VA**

**22101-**

Title or Position

**CITY**

**STATE**

**ZIP CODE**

**Assistant Treasurer**

Telephone number

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

**Stephen Pearson**

Mailing Address

**P.O. Box 365**

**McLean**

**VA**

**22101-**

Title or Position

**CITY**

**STATE**

**ZIP CODE**

**Treasurer**

Telephone number

29030081008

Full Name of Designated Agent

Cabell Hobbs

Mailing Address

P.O. Box 365

McLean

VA

22101 -

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

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.

BB&T

Mailing Address

6220 Old Dominion Drive

McLean

VA

22101 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030081009

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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No Postmark

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Other (Specify): Date of Receipt or Postmarked



PREPARER

4/27/09

DATE PREPARED

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