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STATEMENT OF

2008 APR 15 AM 11: 57

FORM 1		ORG	ANIZ	ZATI	ON	3		0#	ice Use Onl		
1. NAME OF COMMITTEE (in	full)	(Check is char	if name nged)		ample:If typing, ter the lines.	type	12FE4I		ice Ose Ori	Y	
Poker Play	ers Al	iance Po	litical	Actio	n Comm	ittee		- 		<u> </u>	<u>i</u>
<u> </u>	<u></u>		 	i					<u> </u>	 -	
ADDRESS (number and street) 1325 G			Street	, N.V	/., Suite 5	<u> </u>			-4		
(Check if address Is changed) Washin		<u>L </u>			<u> </u>					 _	
		<u>(Washingt</u>	on.			لن	DC	2	000	5 -∟_	
		İ		CITY A	•	:	STATE A		ZIP (ODE A	
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COMMITTEE'S FAX I		23									
2. DATE		, 									
3. FEC IDENTIFIC	ATION NU	MBER >	С								
4. IS THIS STATEM	ENT	NEW (N)	OR		AMENDED	(A)					
I certify that I have e.	xamined th	s Statement and John Pa		st of my	knowledge and l	belief it is	true, com	ect and	complete.		
Type or Print Name o	f Treasurer		<u></u>	· . – .		- -					
Signature of Treasure	, <u>(</u>	foll	80	20 <u> </u>	9	. Da	ate O	4	7 5	20	86
NOTE: Submission of f	_	ous, or incomplete							enalties of	2 U.S.C.	§437g.
Office Use Only					For further Inform Federal Election C Toll Free 800-424- Local 202-694-110	Commission -9530	act:	1	FEC FC (Revised		

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•	FEC For	m 1 (Revised 02/2003)	•		Page 2
5.	TYPE OF CO	OMMITTEE (Check One)			
	(a)	This committee is a principal	campaign committee. (Complete the cand	didate information below	ı.)
	(b)	This committee is an authorize Information below.)	ed committee, and is NOT a principal ca	mpaign committee. (Cor	mplete the candidate
	Name of Candidate	LIIIII	 		
	Candidate Party Affiliatio		fice ught: House Senate	e President	State District
	(c)	This committee supports/oppo	eses only one candidate, and is NOT an a	authorized committee.	
	Name of Candidate	;] 		
	(d)	This committee is a	(National, State or subordinate) committee of t	the	(Democratic, Republican, etc.) Party.
	(e) X	This committee is a separate	segregated fund.		
	(f)	This committee supports/opports/committee.	ses more than one Federal candidate, ar	nd is NOT a separate s	egregated fund or party
 3.	Name of Any	Connected Organization or	Affiliated Committee		
F	Poker F	Players Alliand	;e	<u></u>	
L		<u> </u>	111111111		
	Mailing Addre	ss [1325,G	Street, N.W., Suite 500		
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		Washingt	on	D _i C 2,0	,0,0,5]-
			CITY 🛦	STATE A	ZIP CODE A
Relationship Conn e c t e d			<u> </u>	_ 	
Type of Connected Organization:					
	Corpo	pration	Corporation w/o Capital Stock	Labor Organ	nization
	√ Memb	ership Organization	Trade Association	Cooperative	

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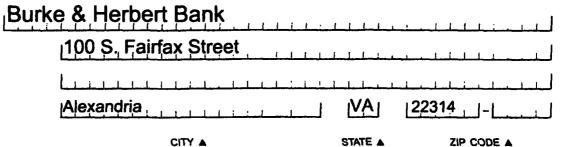
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_	FEC Form 1 (Revise	1 02/2003)			Page 3	
	Vrite or Type Committee Nai		Action Comr	nitta	3	
	Poker Players Alliance Political Action Committee Custodian of Records: Identify by name, address (phone number – optional) and position of the person in possession of committee					
•	books and records.					
	Full Name John Pappas					
	Mailing Address [1,325,G Street,, N.W., Suite, 500,					
		<u> </u>	 		<u> </u>	
		[Washington, , ,	الننبياا	DC	2,0,005 -	
	Title or Position▼	CITY A	S	TATE A	ZIP CODE A	
	[T,r,e,a,s,u,r,e,r		Telephone numbe	r [20	2]-[552]-[7428]	
8.	Treasurer: List the name any designated agent (e.g.	and address (phone number optional) , assistant treasurer).	of the treasurer of the co	ommittee;	and the name and address of	
	Full Name of Treasurer John	Pappas , , , , ,				
		1325 G Street, N.W	/Suite 500			
	Mailing Address	1				
		Land Allertan	 		10000511	
		[Washington , , , , , ,	ا للململيليليل	D _. CJ	20005	
	Title or Position▼	CITY ▲	s	TATE A	ZIP CODE A	
	Treasur	e.r.	Telephone numbe	, 20	2 - 552 - 7428	
	Full Name of Designated Agent					
	Mailing Address		<u> </u>	_11i		
		1:111:111	<u> </u>	i 1 !	<u> </u>	
				لـنــ	<u> </u>	
	Title or Position▼	CITY A	ST	ATE A	ZIP CODE ▲	
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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents

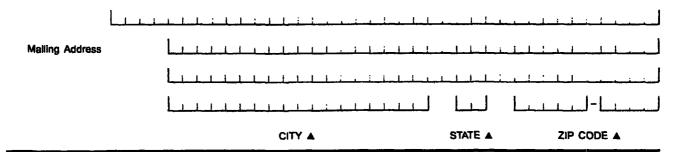
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Name of Bank, Depository, etc.

safety deposit boxes or maintains funds.



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Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business [Day Delivery					
Received from House Records & Registration Office	Date of Receipt					
Received from Senate Public Records Office	Date of Receipt					
Received from Electronic Filing Office	Date of Receipt					
Other (Specify):	eipt or Postmarked					
E	4/15/08					
PREPARER (3/2005)	DATE PREPARED					