Image# 26950130070 05/22/2006 12:47

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		instructions)		Office use only
1. NAME OF COMMITTEE (in	(Check if full) is change		12FE4M5	
Viaçom Interr	national Inc. Political Actio	on Committee		
1				
ADDRESS	1501 M Stree	t, Suite 1100, NW		
ADDRESS (number and	street)			
(Check if add is changed)	ress Washington		L DC	20005
		CITY	STATE▲	ZIP CODE 🛦
COMMITTEE'S E-MA hascott@com				1
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
COMMITTEE'S FAX 248-371-7272	NUMBER			
2. DATE M 0 5	M / D D / Y Y Y Y Y O O O	Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00167759		
4. IS THIS STATEM	MENT X NEW (N)	OR AMEND	ED (A)	
I certify that I have exam	nined this Statement and to the best	of my knowledge and belief it is true	e, correct and complete	
Type or Print Name of	Treasurer James H	oeberling		
Signature of Treasure	r Electronically Filed by Ja	mes Hoeberling	Date 0.5	22 Y 2006
NOTE: Submission of fa		nation may subject the person signi		· ·
Office Use Only				FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)	Page 2
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 candinformation below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(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 Reput (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	ocratic, olican,etc.) Party. or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Viacom International Inc.	
Ш		
	Mailing Address 1515 Broadway	
	New York New York NY NY 1003	6
	CITY STATE ZIF	CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	

,	te or Type Committee Name						
7 6	Viacom International Inc	. Political Action Committee					
	Custodian of Records: Idea oossession of Committee I	ntify by name, address, (phone num pooks and records.	ber optional), and positi	on of th	e person in		
F	Full Name James I	Hoeberling					
N	Mailing Address	c/o Comerica Bank, PAC Services					
		P.O. Box 75000, MC22	P.O. Box 75000, MC2250				
		Detroit			48275		
Т	Γitle or Position ♥	CITY A	STATE	A	ZIP CO	DE A	
_	Custodian		Telephone number	248	371	7269	
	of Treasurer Mailing Address	C/o Comerica Bank, PAC Services					
	P.O. Box 75000, MC2250						
		Detroit	MI_	_	48275 _		
Т	Γitle or Position ♥	CITY A	STATE	•	ZIP CO	DE A	
-	Treasurer		Telephone number	248	371 _	7269	
	Full Name of Designated Agent						
N	Mailing Address						
				_			
Т	Γitle or Position ♥	CITY A	STATE	A	ZIP COI	DE A	

Telephone number

_	FEC Form 1 (Rev	vised 02/2003)	Page 4
9.	Banks or Other Depos safety deposit boxes or	·	olds accounts, rents
	Name of Bank, Deposito	ory, etc.	
	C	Comerica Bank	
	Mailing Address	PAC Services	
		P.O. Box 75000, MC2250	
		Detroit MI	48275

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

FEC Form 1 (Revised	1/2001)			Page 5 / 6
Banks or Other Depositories safety deposit boxes or maint	ains funds.	other depositories in which the commit		s accounts, rents
Name of Bank, Depository, et	C.			, ADDITIONAL]
1				I
Mailing Address				
			1 1 1 1	
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected C	Organization or Affilia	ted Committee		
Name of Any Connected C	rigumzation of Annia	aca commuce		ADDITIONAL]
CBS Corporation PAC				
Mailing Address	1750 K Street	NW		
	3rd Floor			
	Washington		DC	20006 _
		CITY	STATE A	ZIP CODE
Relationship Affilia	ated PAC			
Type of Connected Organiza	ation:			
. ypo or obtained organiza				
Corporation	Ш	Corporation w/o Capital Stock	Labor Org	ganization
Membership Organ	ization	Trade Association	Cooperati	ive

Designated Agent		[ADDITIONAL]
Full Name Mailing Address		
Title or Position ♥	CITY A	
		elephone number = =