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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4MS

**XM SATELLITE RADIO, INC. POLITICAL ACTION COMMITTEE**

ADDRESS (number and street)

**1500 ECKINGTON PLACE NE**

(Check if address  
is changed)

**WASHINGTON DC**

**20032**

**-2194**

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

**06 18 2004**

3. FEC IDENTIFICATION NUMBER ▶

**C00401992**

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 **MARY MALONE**

Signature of Treasurer *Mary A. Malone*

Date **06 18 2004**

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.

Office  
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9550  
Local 202-554-7100

FEC FORM 1  
(Revised 02/2003)

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:  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

**RM SATELLITE RADIO INC** \_\_\_\_\_

Mailing Address: **1500 BCKINGTON PLACE NE** \_\_\_\_\_

**WASHINGTON DC** \_\_\_\_\_ **20002** \_\_\_\_\_ **2194** \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: **CONNECTED ORGANIZATION** \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

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 REBECCA HANSON

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 2194

Title or Position SVR BUSINESS AFFAIRS CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 380 4069

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 MARY MALONE

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 2194

Title or Position FIN CONTROLLER CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 380 4373

Full Name of Designated Agent DORCAS AGYEL

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 2194

Title or Position MANAGER BUSINESS AFFAIRS CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 202 380 4034

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.

SUN TRUST

Mailing Address

14403 SWEETZER LANE

2nd FLOOR

LAUREL MD 20707

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


CITY ▲

STATE ▲

ZIP CODE ▲

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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