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FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

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TOKWI I					Office Use Only	
NAME OF COMMITTEE (in fi	الد)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5	
LIBERTY	MEDIA	A C O R P O I	RATION PAC			
LIBERTY	MEDIA	PACI				
ADDRESS (number and street) 1,2,3,0,0, Li,i, b, e, r, t, y, B, l, v, d,						
(Check if add	ress Lilia	414 900		i 		
is changed)	$\mathbf{E}_{\mathbf{L}}\mathbf{n}$	glewoo	: a	CO	8,0,1,1,2-	
COMMITTEE'S E-MAIL	ADDRESS		CITY A	STATE ▲	ZIP CODE ▲	
		pac@ilii	bertym _e di	_a.c o m	1	
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COMMITTEELS WER I	ACE ADDDESS			. 		
COMMITTEE'S WEB P	AGE ADDRESS	(UKL)			1	
						
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COMMITTEE'S FAX N						
[7, 2, 0 - [8, 7, 5]]	-[3 ₁ 3 ₁ 6 ₁ 2]					
2. DATE 1 2 1 3 2 0 0 7						
3. FEC IDENTIFICATION NUMBER ▶ C						
demand to make the control of the co						
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 Laura M. Baldi						
Signature of Treasurer	La	namz	Saldi	Date 1	2 19 2007	
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 Use			For further Information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)	

	FF	EC For	n 1 (Revised 02/20	003)					/age 2
			MMITTEE (Check					<u> </u>	
	(a)		This committee is	a principal camp	paign committee. (Con	nplete the candida	ate information	below.)	
	(b)		This committee is information below.		ommittee, and is NOT	a principal camp	aign committe	e. (Complete the	candidate
	Name Candid		سسسا	 					- - - - - - - - - -
	Candid Party /	date Affiliatio	1	Office Sought:	House	Senate	Pres	State sident Distr	Medical and
	(c)		This committee su	pports/opposes	only one candidate, a	nd is NOT an aut	horized comm	nittee.	
	Name Candid					. 	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	- 	<u></u>
	(d)		This committee is	a	(National, State or subordinate)	committee of the	المراجعة ا المراجعة المراجعة الم	(Democra	atic, an, etc.) Party.
	(e)	X	This committee is	a separate segr	egated fund.				
	(1)		This committee su committee.	pports/opposes	more than one Federa	al candidate, and	is NOT a sep	arate segregated	fund or party
).	Name	of Any	Connected Organ	ılzation or Affili	ated Committee				
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					CITY A		STATE A	ZIP C	ODE A
	Relatio	onship	Comme	cted	0 rgami	zatio	n		
	Туре о	of Conne	ected Organization:						
	X	Corpo	oration		Corporation w/o Cap	oital Stock	Labo	r Organization	
		Memb	ership Organization	n 📋	Trade Association		Coop	perative	
									

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	FEC Form 1 (Revised	02/2003)		 Page 3		
٧	/rite or Type Committee Nam			rage 3		
	Liberty Media (Corporation PAC				
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 $P_{a_1}m_{a_1}a_1L_{a_1}c_{a_2}$					
	Mailing Address	1,2,3,00 llijberty	<u>Boullewa</u>	- m d		
		$\mathbb{E}_{n_{1}}g_{1} \in \psi \circ \rho d_{1}$	CiO			
	Title or Position▼	CITY 🛦	STATE	▲ ZIP CODE ▲		
	D e puty Ge	<u>nerall Coun</u> sel	Telephone number	7 ,2,0] - [8,7; 5] - [5,4,0,0		
3.	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 $L_{\parallel}a_{\parallel}u$	ra M. Baldi	 			
	Mailing Address	1 ₂ 3 ₀ 0 ₀ L _i berty	Βφullervia	ındı		
			<u> </u>			
		$\mathbf{E}_{\mathbf{n}}$		8 0 1 1 2		
	Title or Position▼	CITY ▲	STATE	▲ ZIP CODE ▲		
	D _i i _r ecto _r		Telephone number	7 ₁ 2 ₁ 0 - 8 ₁ 7 ₁ 5 - 5 ₁ 4 ₁ 0 ₁ 0		
	Full Name of Designated Agent P a m	ela L. Coe	 			
	Mailing Address	1,2,3,0,0,L,i,b,e,r,t,y	, Воµ,l,e,v, а	rdıııııı		
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	Title or Position▼	CITY ▲	STATE	▲ ZIP CODE ▲		

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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.

U ₁ S ₁ F	BANCORP		
Mailing Address	[8,4,0,1] $[E,a,s,t]$ $[B,e,1]$ $[e,v]$	ew	
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	CITY A	STATE A	ZIP CODE ▲
Name of Bank, Depository,	etc.		
		<u> </u>	<u> </u>
Mailing Address		1 	
		<u> </u>	
		با لنا ل	
	CITY A	STATE A	ZIP CODE ▲

(3/2005)

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. Date of Receipt Hand Delivered **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): PREPARER DATE PREPARED