03/24/2009 08:47

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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
1 011111 1	(See instructions)	Office use only
NAME OF COMMITTEE (in formal)	(Check if name Example: If typying, type is changed) ever the lines	12FE4M5
Alliance PAC		
ADDRESS (number and s	treet) 901 N Washington St Suite 102	
(Check if address		
is changed)	Alexandria	VA 22314 -
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAIL	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	tim@kochandhoos.com	
is changed)		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
(Check if address		
is changed)		
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C00435230	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
Locatify that I have every	and this Ctatement and to the heat of mulinousledge and heliof it is true covered	at and complete
reening that mave examin	ned this Statement and to the best of my knowledge and belief it is true, corre	ct and complete
Type or Print Name of 1	Freasurer Joshua Fay-Hurvitz	
Signature of Treasurer	Electronically Filed by Joshua Fay-Hurvitz	Date 03 / 24 / Y 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this ANY CHANGE IN INFORMATION SHOULD BE REPORT	
Office	For further informat	ion contact.
Use Only	Federal Election Com Toll Free 800-424-95	mission FEC FORM 1

	ı	FEC F	orm 1 (Revised 02/2009)	Page 2
5.			DMMITTEE (Check One) committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information b	elow.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
	Name Candi			
	Candi Party	idate Affiliatio	Office Sought: House Senate	State President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee	e.
	Name Candi			
	Party	Comm		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion 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
			Membership Organization I rade Association	Cooperative
	(f)		In addition, this committee is a Lobbyist/Registrant PAC.	and the state of t
	(*)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated fund or party
			X In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint F	Fundra	ising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal cand	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate.	ds for two or more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number	
			2. FEC ID number	
			3. FEC ID number	
			4. FEC ID number	

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W	rite or Type Committee Name					
	Alliance PAC					
6.	Name of Any Connected Org	ganization, Affiliated Committee,	Joint Fundraising Represe	entative, or Leade	rship PAC Sponsor	
L	NONE					
	Mailing Address					
		CITY		STATE A	ZIP CODE	
	Relationship:					
	Connected Organization	Affiliated Committee	Joint Fundraising Re	presentative	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 Timoth	ny A. Koch				
	Mailing Address	901 N Washing	ton St			
		Suite 102				
		Alexandria			22314	
	Title or Position ♥	CITY A		STATE	ZIP CODE A	
	Assistant	Treasurer	Telephone nu	mber 703	- <u>299</u> - <u>8571</u>	
8.	name and address of any	and address (phone number - designated agent (e.g., assis Fay-Hurvitz		er of the commit	tee; and the	
	Mailing Address	900 19th St NV	V			
		Suite 800				
		Washington		DC	20006 –	
	Title or Position ♥	CITY		STATE	ZIP CODE A	
	Treasurer		_ Telephone nu	202 umber	_ 327 _ 8100	

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Full Name of Designated Agent	Timothy A. Koch		
Mailing Address	901 N Washington St		
	Suite 102		
	Alexandria	VA	22314 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assista	ant Treasurer Teleph	one number 703	
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