

**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.

12FE4M5

Poker Players Alliance Political Action Committee

ADDRESS (number and street) 1325 G Street NW Suite 500

(Check if address is changed)

Washington DC 20005

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

Bryan@theppa.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

None

2. DATE 12 / 20 / 2011

3. FEC IDENTIFICATION NUMBER

C C00448688

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 John Pappas

Signature of Treasurer John Pappas [Electronically Filed] Date 12 / 20 / 2011

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

Write or Type Committee Name

Poker Players Alliance Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Poker Players Alliance

Mailing Address

1325 G Street NW Suite 500

Washington

DC

20005

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative 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 John Pappas

Mailing Address

1325 G Street NW Suite 500

Washington

DC

20005

Title or Position

CITY

STATE

ZIP CODE

Custodian

Telephone number

202

552

7428

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 John Pappas

Mailing Address

1325 G Street NW Suite 500

Washington

DC

20005

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

552

7428

Full Name of Designated Agent

[Empty form line]

Mailing Address

[Empty form line]

[Empty form line]

[Empty form line]

CITY

STATE

ZIP CODE

Title or Position

[Empty form line]

Telephone number

[Empty form line]

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.

Burke & Herbert Bank

[Empty form line]

Mailing Address

100 S. Fairfax Street

[Empty form line]

Alexandria VA 22314

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty form line]

Mailing Address

[Empty form line]

[Empty form line]

[Empty form line]

CITY

STATE

ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This amended registration is being filed in response to the RFAI dated December 5, 2011.

Form/Schedule:
Transaction ID: