

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

AVAYA INCORPORATED POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1212 New York Avenue NW

(Check if address is changed)

Suite 1212

Washington

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

awadams@avaya.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.avaya.com

COMMITTEE'S FAX NUMBER

202-378-5798

2. DATE

09 / 20 / 2007

3. FEC IDENTIFICATION NUMBER

C C00363382

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

Stephanie Childs

Signature of Treasurer

Electronically Filed by Stephanie Childs

Date

09 / 20 / 2007

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

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

Avaya Inc

Mailing Address **211 Mount Airy Road** _____

Basking Ridge **NJ** **07920** - _____

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

AVAYA INCORPORATED POLITICAL ACTION COMMITTEE

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 **Algenia Adams**

Mailing Address **1212 New York Avenue, NW**
Suite 1212
Washington DC 20005

Title or Position ▼ **Administrative Assis** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 378 5791**

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 **Stephanie Childs**

Mailing Address **1212 New York Avenue NW**
Suite 1212
Washington DC 20005

Title or Position ▼ **Vice President** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 378 5790**

Full Name of Designated Agent **Stephen Schultz**

Mailing Address **1212 New York Avenue, NW**
Suite 1212
Washington DC 20005

Title or Position ▼ **Director** CITY ▲ **Washington** STATE ▲ **DC** ZIP CODE ▲ **20005**

Telephone number **202 378 5793**

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.

Northern Trust Bank

Mailing Address

50 South La Salle

Chicago

IL

60675

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 27990636169

Form/Schedule: **F1A** Amendment to provide a complete amended Statement of Organization
Transaction ID:
