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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. 12FE4M5

BRAVE PAC

ADDRESS (number and street) ▼ 499 SOUTH CAPITOL STREET SW

☐ (Check if address is changed) SUITE 404

WASHINGTON DC 20003-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RBKASSIR@SUTTERS-MILL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-488-7894

2. DATE 11 / 10 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

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 ROD B. KASSIR

Signature of Treasurer

Date 11 / 10 / 2006

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 Only				

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

FEC FORM 1
(Revised 02/2003)

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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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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Write or Type Committee Name

BRAVE 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: ROD KASSIR

Mailing Address: 499 S. CAPITOL STREET SW
SUITE 404

Title or Position ▼: TREASURER

CITY ▲: WASHINGTON DC

STATE ▲:

ZIP CODE ▲: 20003-

Telephone number: 202-488-1445

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: ROD KASSIR

Mailing Address: 499 S. CAPITOL STREET SW
SUITE 404

Title or Position ▼: TREASURER

CITY ▲: WASHINGTON DC

STATE ▲:

ZIP CODE ▲: 20003-

Telephone number: 202-488-1445

Full Name of Designated Agent:

Mailing Address:

Title or Position ▼:

CITY ▲:

STATE ▲:

ZIP CODE ▲:

Telephone number: -

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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.

SUNTRUST BANK

Mailing Address 800 Pennsylvania Avenue

CAPITOL HILL OFFICE

WASHINGTON DC | | 20003-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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