

**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

Decidedly Unhappy Mainstream Patriots Rejecting Evil-mongering Incompetent

Democrats Political Action Committee (DUMPREID PAC)

ADDRESS (number and street)

P.O. Box 77472

(Check if address is changed)

Washington

DC

20013

7474

CITY ▲

STATE ▲

ZIP CODE ▲

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

(Check if address is changed)

markEdwardnoonan1984@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.dumpreid.com

2. DATE

MM / DD / YYYY
12 / 14 / 2009

3. FEC IDENTIFICATION NUMBER

C C00485526

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

Mark Edward Noonan

Signature of Treasurer

Date

MM / DD / YYYY
12 / 14 / 2009

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 800-424-9630
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10030210273

5. TYPE OF COMMITTEE (Check One)

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
- (f) 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	<input type="checkbox"/> C _____
2. _____	FEC ID number	<input type="checkbox"/> C _____
3. _____	FEC ID number	<input type="checkbox"/> C _____
4. _____	FEC ID number	<input type="checkbox"/> C _____

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Write or Type Committee Name

Decidedly Unhappy Mainstream Patriots Rejecting Evil-mongering Incompetent Democrats Political Action Committee (DUMPREID PAC)

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

NONE

Mailing Address

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

PAC Outsourcing LLC

Mailing Address

6192 Oxon Hill Road
Suite 601
Oxon Hill MD 20745

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 301 - 839 - 6510

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

Mark Edward Noonan

Mailing Address

8124 Briggs Gully Street
North Las Vegas NV 89085

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 702 - 656 - 8583

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Full Name of Designated Agent

Wade S. Williams

Mailing Address

6192 Oxon Hill Road

Oxon Hill

MD

20745 -

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

301

839

6510

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.

Service 1st Bank

Mailing Address

8965 S. Eastern

Suite 190

Las Vegas

NV

89123 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Bank of America

Mailing Address

6011 Oxon Hill Road

Oxon Hill

MD

20745 -

CITY

STATE

ZIP CODE

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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.

Hand Delivered Date of Receipt
4

USPS First Class Mail Postmarked
12/30/09

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 1/5/10
 PREPARER DATE PREPARED

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