

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

AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND

ADDRESS (number and street)

126 C STREET, NW

(Check if address is changed)

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

Holly_J_Morris@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2483717272

2. DATE

09 / 27 / 2007

3. FEC IDENTIFICATION NUMBER

C C00360354

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

Shelly Kemeza

Signature of Treasurer

Electronically Filed by Shelly Kemeza

Date

09 / 27 / 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

AMAZON CORPORATE LLC

Mailing Address _____ 1200 12TH AVENUE, SOUTH _____

SEATTLE WA 98144 - _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ CONNECTED _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

AMAZON CORPORATE LLC SEPARATE SEGREGATED FUND

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 **JAMES HOEBERLING**

Mailing Address **COMERICA BANK, PAC SERVICES**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **RECORDKEEER** CITY ▲ **DETROIT** STATE ▲ **MI** ZIP CODE ▲ **48275 - 2250**

Telephone number **248 - 371 - 5562**

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 **SHELLY KEMEZA**

Mailing Address **126 C STREET, NW**
WASHINGTON DC 20001 -

Title or Position ▼ **TREASURER** CITY ▲ **WASHINGTON** STATE ▲ **DC** ZIP CODE ▲ **20001 -**

Telephone number **202 - 347 - 7390**

Full Name of Designated Agent **JOANNA LEINAWEAVER**

Mailing Address **1200 12TH AVENUE, SOUTH**
SUITE 1200
SEATTLE WA 98144 -

Title or Position ▼ **ASST. TREASURER** CITY ▲ **SEATTLE** STATE ▲ **WA** ZIP CODE ▲ **98144 -**

Telephone number **206 - 266 - 6915**

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.

	COMERICA BANK		
Mailing Address	PAC SERVICES		
	P.O. BOX 75000		
	DETROIT	MI	48275 - 2250
	CITY ▲	STATE ▲	ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

- | | | |
|--|--|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

Designated Agent

[ADDITIONAL]

Full Name

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number - -

