Image# 11932320306	
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
CONSERVATIV		
ADDRESS (number and s	treet) 3128 N. 17th Street	
(Check if address		
X is changed)	Arlington	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	tessiewilson@cox.net	
	PAGE ADDRESS (URL)	
(Check if address is changed)		
2. DATE <b>0.9</b>	/ D D / Y Y Y 07 / 2011	
3. FEC IDENTIFICA	TION NUMBER C C00010363	
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
Leartify that I have every	and this Chatamant and to the bast of my knowledge and belief it is two covers tond	l complete
r cerury mai mave examin	ed this Statement and to the best of my knowledge and belief it is true, correct and	
Type or Print Name of	reasurer David Fenner	
Signature of Treasurer	Electronically Filed by David Fenner	Date 09 / 07 / Y Y Y Y <b>0</b> 01 1
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office		

Office Use		-	urther information contact: ral Election Commission	FEC FORM 1
Only			ree 800-424-9530 202-694-1100	(Revised 02/2009)

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(h)

FEC	Form 1 (Revised 02/2009)	Page 2
5. TYPE OF C	OMMITTEE (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 information below.)	ne candidate
Name of Candidate		
Candidate Party Affiliat	ion 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 Comr (d)	nittee: (National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock	bor Organization
	Membership Organization Trade Association Co	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundra	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political

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.	$\lfloor \ldots \ldots$	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	<u> </u>	FEC ID number	C

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE

	organization, Annialed Committee, Joint Pur	draising Representative, or Lea	dership PAC Sponsor
Mailing Address			
	CITY	STATE 🛦	ZIP CODE
Relationship: Connected Organization	on Affiliated Committee Jo	int Fundraising Representative	Leadership PAC Sponsor
possession of Committe		er optional), and position of	the person in
Full Name	th Wilson		
Mailing Address	10424 Woodbury Wood	s Court	
	Fairfax	VA	22032
Title or Position ▼	CITY 🛦	STATE	
Bookkee	eper	Telephone number 703	250 8764
	ne and address (phone number optiona any designated agent (e.g., assistant treas		nittee; and the
Full Name	id Fenner		
Full Name	id Fenner11468 Meath Drive		
Full Name of Treasurer Davi			22030
Full Name of Treasurer Davi	11468 Meath Drive	<u>VA</u>	22030 ZIP CODE &

FEC Form 1 (Revis	;ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Tel	ephone number	
<ol> <li>Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor</li> </ol>	aintains funds.	committee deposits funds, hold	ds accounts, rents
Mailing Address	P.O. Box 25118		
	Tampa	<b>FL</b>	33622 _
	CITY A	STATE <b>⊿</b>	ZIP CODE 🔺
Name of Bank, Depositor	y, etc.		
Name of Bank, Depositor	y, etc.		
Name of Bank, Depositor	y, etc.		