FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	OIN	Office use only
NAME OF COMMITTEE (in f		example: If typying, type ver the lines	12FE4M5
Retail Industry	Leaders Association Political Action	Committee AKA Ret-	
	111111111111	<u> </u>	
ADDRESS (number and s	1700 N. Moore Street		
(Check if addre	Suite 2250 ARLINGTON		VA
	CITY	·	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI	L ADDRESS	_	
lori.denham@r	etail-leaders.org		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 7038411184			
2. DATE 0.7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		_
3. FEC IDENTIFICA	TION NUMBER C C	00112763	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge	e and belief it is true, correct and	d complete
Type or Print Name of ⁻	Treasurer Ms Lori Denham		
Signature of Treasurer	Electronically Filed by Ms Lori Denha	<u>m</u>	Date 10 / DD / YYYYY
NOTE: Submission of fals	se, erroneous, or incomplete information may subje		·
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530	

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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 cand information below.)					
	Name of Candidate				
	Party Affiliation Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
		ocratic, blican,etc.) Party.			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee.	or party			
6.	Name of Any Connected Organization or Affiliated Committee				
L	Retail Industry Leaders Association (RILA)				
L					
	Mailing Address 1700 N. Moore Street				
	Suite 2250				
	Arlington VA 2220	9 – 📗			
	CITY▲ STATE ▲ ZII	P CODE A			
	Relationship Connected				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organization				
	Membership Organization X Trade Association Cooperative				

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٧	Vrite or Type Committ	ee Name					
	Retail Industry	Leaders A	Association Political Action Com	mittee AKA Retail Lea	ders		
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	Ms Lori	Denham				1 1 1
	Mailing Address		5714 MacArthur Blvd	, NW			
			Washington		<u>c</u> _	20016	-
	Title or Position ♥		CITY A	STA	TE▲	ZIP CO	DE A
	T	reasurer		Telephone number	703	_ 600 _	2014
	of Treasurer Mailing Address		Ms Lori Denham 5714 MacArthur Blvd, NW				
			Washington		<u>c</u> _	20016 _	
	Title or Position ♥		CITY A	STA	TE▲	ZIP CO	DE 🛦
				Telephone number	703	_ <u>841</u> _	2300
	Full Name of Designated Agent						
	Mailing Address						
	Title or Position ♥		CITY A	STA	TE 🛦	ZIP COI	DE A

Telephone number

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9.	Banks or Other Depositories safety deposit boxes or maintain	ins funds.	unts, rents
	Name of Bank, Depository, etc.		
	Bank o	of America	
	Mailing Address	1700 N. Moore Street	
		Arlington VA 22	2209 _
		CITY A STATE A Z	ZIP CODE 🛆