FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	JIN	Office use only
1. NAME OF COMMITTEE (in	(Check if name Exfull) is changed) ov	cample: If typying, type er the lines	12FE4M5
ı Yahoo! Inc. Po	olitical Action Committee		
	444 North Capitol Street, N		
ADDRESS (number and	street)	<u> </u>	<u> </u>
(Check if addr	Suite 605 ess		
is changed)	Washington		DC 20001 -
	CITY	•	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA			
, idamap@yano	<u> </u>		<u> </u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N 202-777-1051	NUMBER		
2. DATE 0.8			
3. FEC IDENTIFICA	TION NUMBER C CO	00380535	
4. IS THIS STATEM	IENT NEW (N) OR	X AMENDED (A)	
I certify that I have exam	ned this Statement and to the best of my knowledge	and belief it is true, correct and	d complete
	Treasurer Leslie Dunlap		
Type or Print Name of	Treasurer		
Signature of Treasure	Electronically Filed by Leslie Dunlap		Date 0 6 D D D Y Y Y O O O
NOTE: Submission of fa	lse, erroneous, or incomplete information may subject ANY CHANGE IN INFORMATION S		
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 ca information below.)	ndidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(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 Rep (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	nocratic, ublican,etc.) Party. d or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L	<u> </u>	
	Mailing Address	
	CITY≜ STATE ▲ Z	IP CODE 🛦
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizatio	n
	Membership Organization Trade Association Cooperative	

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V	rite or Type Commi	ittee Name					
	Yahoo! Inc. Po	olitical Acti	on Committee				
7.			ntify by name, address, (phone num books and records.	ber optional), and po	sition of	the person in	
	Full Name						
	Mailing Address						
	Title or Position ▼	•	CITY A	STA	ATEA	ZIP CODE	■ A
				Telephone number			
3.	Treasurer: List name and addr	the name a	nd address (phone number option lesignated agent (e.g., assistant trea	nal) of the treasurer of tasurer).	he comr	mittee; and the	
	Full Name of Treasurer	Leslie D	unlap				
	Mailing Address		444 North Capitol Stre				
			Suite 605				
			Washington		C	20001	
	Title or Position	,	CITY A	STA	ATE ≜	ZIP CODI	E A
	-	Treasurer		Telephone number	202		1046
	Full Name of Designated Agent	Danielle	Heiberg				
	Mailing Address		444 North Capitol Stre	eet, NW			
			Suite 605				
			Washington		<u>c</u>	20001 –	
	Title or Position	,	CITY A	STA	TE 🛦	ZIP CODE	A
		Manager, Lo	egislative	Telephone number	202		1052

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9.	Banks or Other I	-								ll b	anl	ĸs	or (oth	er (dep	008	sito	ries	s ir	ı w	hic	h th	ne (cor	nm	itte	e d	lepo	osit	s fu	ınd	s, h	old	s a	ccc	วนท	ıts,	rer	nts				
Name of Bank, Depository, etc.																																												
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	Mailing Address									L	L							1						L		L											L	L				L		
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