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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

COMMERCE, HOPE, INNOVATION & PROGRESS PAC

ADDRESS (number and street) ▼ (Check if address is changed)

228 S. WASHINGTON STREET
SUITE 320

ALEXANDRIA VA 22314-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

MRMSLANE@AOL.COM / TREASURER'S EMAIL ADDRESS / NO OFFICIAL WEBSIGHT

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

- -

2. DATE M M / D D / Y Y Y Y

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT X 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 DANNA S. LANE

Signature of Treasurer Danna S. Lane Date 08 03 2006

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.

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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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 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**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

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Write or Type Committee Name
Commerce, Hope, Innovation: Progress PAC

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: DANNA S. LANE

Mailing Address: 8580 BEAVERWOOD DRIVE

GERMANTOWN | TN | 38138-

Title or Position ▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 901-619-3284

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: DANNA S. LANE

Mailing Address: 8580 BEAVERWOOD DRIVE

GERMANTOWN | TN | 38138-

Title or Position ▼: TREASURER

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 901-730-8333

Full Name of Designated Agent: BRANDON NINFREY

Mailing Address: 228 S WASHINGTON STREET
SUITE B20

ALEXANDRIA | VA | 22314-

Title or Position ▼: ADMINISTRATOR

CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: 703-299-4602

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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.

WACHOVIA BANK

Mailing Address 330 NORTH WASHINGTON STREET

ALEXANDRIA VA 22314-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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☐ Received from Senate Public Records Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	DATE PREPARED 8/10/06

(3/2005)

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