FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM <sup>-</sup>	1	ORG	ANI∠A		N				
		(Se	e instructions	s)			Office u	use only	
1. NAME OF COMMITTEE	E (in full)	(Check is chan	if name ged)	Exan over	nple: If typying, type the lines	12FE4	M5		
Pedorthic	Footwear	Association Polit	ical Action	Comn	nittee 				
									لــــــــــــــــــــــــــــــــــــــ
ADDRESS (number	and street)	2025 M Stre	et NW						
(Check if add	dress	Suite 800							
is changed)		Washingto	, ,,,,,,,		لىسىسا	DC	<u> </u>	20036   _	3309
				CITY		STATE		ZIP CODE	•
COMMITTEE'S E	-MAIL ADDF	RESS (Please provide	-		ess)				
(Check if add is changed)	dress	brian@ped	orthics.org	<u>, , , , , , , , , , , , , , , , , , , </u>					
						1111		1111	
COMMITTEE'S W (Check if ad is changed)		ADDRESS (URL)						1111	
	0.1 /	25 / Y Y Y Y Y Y 201	<b>0</b> Y						
3. FEC IDENTIF	FICATION N	UMBER	C	C00	470013				
4. IS THIS STA	TEMENT	X NEW (N)	OR		AMENDED (A)				
I certify that I have e	xamined this	Statement and to the be	est of my know	ledge and	d belief it is true, correct	and complete			
Type or Print Nam	e of Treasur	er Mr. Bria	an K. Laga	na					
Signature of Treas	surer Elec	tronically Filed by	Mr. Brian K	. Laga	na	Date	<b>0 1</b>	<b>25</b>	<sup>y</sup> 0 1 0
NOTE: Submission	of false, error				ne person signing this St			U.S.C. §437g	J.
Office Use Only					For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100	ission		EC FORI	

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5.			OMMITTEE (Check One) 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.)	he candidate						
	Name Candi									
	Candi Party	idate Affiliatio	on Office House Senate President	State District						
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.							
	Name Candi									
	Party	Comm								
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.						
	Politic	cal Act	tion Committee (PAC):							
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:						
			Corporation Corporation w/o Capital Stock Lal	bor Organization						
			X Membership Organization Trade Association Co	poperative						
			In addition, this committee is a Lobbyist/Registrant PAC.							
	(f)	(f)	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 Fundraising Representative:								
	(g)	(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.								
	(h)		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.							
		Comi	mittees Participating in Joint Fundraiser							
			1. FEC ID number							
			2. FEC ID number							
			3. FEC ID number							
			.   FEC ID number   C							

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W	rite or Type Committee Name								
	Pedorthic Footwear Ass	ociation Political Action Comn	nittee						
6.	Name of Any Connected Org	ganization, Affiliated Committee, Joi	nt Fundraising Represent	ative, or Lea	dership PAC Sponsor				
Ш	Pedorthic Footwear Asso	ciation		1 1 1 1					
		<u> </u>	1 1 1 1 1 1 1 1						
	Mailing Address	2025 M Street NW							
		Suite 800	1 1 1 1 1 1 1						
		Washington		рс	20036 _ 3309				
		CITY▲	:	STATE A	ZIP CODE				
	Relationship:								
	X Connected Organization	Affiliated Committee	Joint Fundraising Repre	esentative	Leadership PAC Sponsor				
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	an K. Lagana		1 1 1 1					
	Mailing Address	2025 M Street NW							
		Suite 800							
		Washington		DC	20036 _ 3309				
	Title or Position ▼	CITY A		STATE	ZIP CODE A				
	Executive		Telephone numb	000	367 1214				
8.	name and address of any  Full Name of Treasurer  Mr. Bri	and address (phone number op designated agent (e.g., assistant an K. Lagana 2025 M Street NW	•	of the comn	nittee; and the				
	Mailing Address								
		Suite 800 Washington		DC	20036 _ 3309				
	Title or Position ♥	CITY A		STATE A	ZIP CODE A				
	Executive	Director	Telephone numl	<b>202</b>	367 _ 1214				

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Full Name of Designated Agent			
Mailing Address			
Til. D. 11.			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tele	phone number	
<ol> <li>Banks or Other Depositoris safety deposit boxes or main Name of Bank, Depository, e</li> <li>Sun1</li> </ol>	ntains funds.	committee deposits funds, hol	ds accounts, rents
Mailing Address	1445 New York Avenue NW		
	Washington	DC	20005 _
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕
Name of Bank, Depository, e	etc.		
Mailing Address			