Image# 201507099000069417				07/09/2015 11.47
FEC FORM 1	STATEMEI ORGANIZ	-		PAGE 1 / 5 —
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	1390 CHAIN BRIDGE ROAD			
(Check if address	#515			
is changed)	MCLEAN		VA 221	01
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	compliance@complian	-		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE A (Check if address is changed)	N/A			
	08 / Y Y Y Y 2015			
3. FEC IDENTIFICATION	NUMBER ► C c	00580837		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief i	it is true, correct and	complete.
,		, U		·
Type or Print Name of Treasu	rer MELODIE JOHNSON			
Signature of Treasurer	CLODIE JOHNSON	[Electronically Filed]	Date 07	09 / Y Y Y Y 09 2015
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED \		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF (COMMITTEE	
Candidat	e 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. (Com information below.)	plete the candidate
Name of Candidate		
Candidate Party Affilia	ion Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		
(d)		(Democratic, Republican, etc.) Par
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

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Write or Type Committee Name

IRON DOME ALLIANCE

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
	CITY		STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Re	epresentative	eadership 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.

MELODIE	JOHNSON
Full Name	
Mailing Address	1390 CHAIN BRIDGE ROAD
	#515
	MCLEAN VA 22101
Title or Position	CITY STATE ZIP CODE
	Telephone number

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	
Mailing Address	1390 CHAIN BRIDGE ROAD
	#515
	MCLEAN
	CITY STATE ZIP CODE
Title or Position	Telephone number

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent								I	I																					
Mailing Address																														
																							L							
							СІЛ	ΓY											STA	ΤE					ZII	PC	COD	Ε		
Title or Position																														
														Tele	eph	ione	e ni	umt	ber											

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.

	BB&T		
Mailing Address	2200 WILSON BLVD		
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: