FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		(See instruc		14								
1. NAME OF	- f. III)	(Check if name	Exar	nple: If typyir the lines	ng, type	12F	4M5	Office	e use only			
COMMITTEE (ii	,	is changed)		trie iiries		1411	_+IVIO					
Verizon Com	munication	Inc. Good Govt Clu	<u> </u>			ш	ш	ш	ш		ш	
			ш			ш	Ш	Щ	ш		ш	
ADDRESS (number and	d street)	1300   St NW	шш	шш		ш	1 1	ш	шш		ш	
(Check if add	dress	Ste 400 West					ш	ш			ш	
is changed)		Washington			ш	DC		Ш	20005	J-L	ш	
COMMITTEE'S E-MA	All ADDRESS	3	CITY▲			STATE	•		ZIP (	CODE .	•	
taylor.k.craig		-			1 1 1				1 1 1	1 1		. 1
	1 1 1 1				11	· · ·						
COMMITTEE'S WEE	B PAGE ADDI	RESS (URL)										
1	1 1 1 1				1 1 1			1 1	1 1 1	1 1	1 1	, 1
1	1 1 1 1				1 1 1		 I I		 	11		
2. DATE 0	M / D [	6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y										
3. FEC IDENTIFIC	CATION NUME	BER	C C00	186288								
4. IS THIS STATE	MENT	NEW (N) OF	X	AMEN	DED (A)							
I certify that I have exar	mined this State	ement and to the best of my	knowledge an	d belief it is tr	ue, correct a	and comple	ete					
Type or Print Name of	of Treasurer	Taylor Craig										
Signature of Treasure	er El <u>ectroni</u>	cally Filed by <b>Taylor (</b>	Craig			Date	<sup>M</sup> 0 1	M /	16	/ Y	Ý 0	) 0 9 °
NOTE: Submission of t		s, or incomplete information			_		•		2 U.S.C.	S437g.		
Office Use Only				For further if Federal Electron Toll Free 800 Local 202-69	tion Commis 0-424-9530			F	EC F	_		

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	FE	C Form 1 (Revised 12/2007)	Page 2
5.		OF COMMITTEE (Check One) ate 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 information below.)	the candidate
	Name of Candida		
	Candida Party Aff		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candida		
	Party Co	ommittee:	
	(d)	(National, State  This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political	I Action Committee (PAC):	
	(e)	X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		X Corporation Corporation w/o Capital Stock	abor Organization
		Membership Organization Trade Association C	ooperative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fu	Indraising Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	(	Committees Participating in Joint Fundraiser	
		1. FEC ID number C	
		2 FEC ID number C	
		3. FEC ID number	
		4 FEC ID number C	
		FEC ID number C	

FEC Form 1 (Revised 12/	2007)		Page <b>3</b>				
Write or Type Committee Name							
Verizon Communication	Inc. Good Govt Club						
6. Name of Any Connected Org	anization, Affiliated Committee, Leadership PA	AC Sponsor or Joint Fundrais	sing Representative				
Verizon Communication I	nc.	.					
Mailing Address	1717 Arch St 23S						
	<u> </u>						
	Philadelphia	PA L	19103				
	CITY▲	STATE <b>≜</b>	ZIP CODE 🛕				
Relationship:							
X Connected Organization	Affiliated Committee Leaders	ship PAC Sponsor Join	nt Fundraising Representative				
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Philip L	eeman 						
Mailing Address	44 Canal Center Plaza Ste 2	200					
	c/o DD&C						
	Alexandria		22314				
Title or Position ▼	CITY A	STATE	ZIP CODE A				
Custodian	of Records	Telephone number 703	6849690				
	and address (phone number optional) of designated agent (e.g., assistant treasurer		ittee; and the				
Full Name of Treasurer  Taylor (	Craig						
Mailing Address	1300 I St NW						
	Ste 400 West						
	Washington	DC	20005				
Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A				
Treasurer		Telephone number	_ 515 _ 2557				

FEC Form 1	(Revised 12/2007)		Page 4
Full Name of Designated Agent	Chris Stottman		
Mailing Address	1300 I St NW		
	Ste 400 West		
	Washington	DC	20005 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
A	ssistant Treasurer Tele	phone number	
Banks or Other I safety deposit box Name of Bank, De	es or maintains funds. epository, etc.	committee deposits funds, hold	ds accounts, rents
	Wachovia Bank, N.A.		
Mailing Address	PO Box 40031		
	Roanoke	VA	24022
	CITY 🗻	STATE <b>△</b>	ZIP CODE 🛕
Name of Bank, De	pository, etc.		
Mailing Address			
	CITY 🗖	STATE <b>△</b>	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the committee	deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	s funds.		[ ADDITIONAL ]
Mailing Address			
I			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrais	[ ADDITIONAL ] ing Representative
Verizon Wireless/Verizon	Communications Inc. Political Action Committee		
Mailing Address	20 Independence Blvd		
	3rd Fl		
	Warren	NJ L	07059
elationship:	CITY▲	STATE	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Sponsor	Joint Fun	draising Representative
Designated Agent			[ ADDITIONAL ]
Full Name			
Mailing Address			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone i	number	
Joint Fundraiser Participant			[ ADDITIONAL ]
	FEC II	o number C	

Banks or Other Depositorions safety deposit boxes or maintenance.		militee deposits runds, noid:	s accounts, rents
Name of Bank, Depository, e		[	ADDITIONAL ]
		.	
Mailing Address			
	CITY 🛕	STATE <b>⊿</b>	ZIP CODE 🛕
Name of Any Connected O	Organization, Affiliated Committee, Leadership PAC Spo	onsor or Joint Fundraisin	[ ADDITIONAL a Representative
	itical Action Committee		
Mailing Address	One Allied Dr		
	Little Rock	AR	72202 
	CITY▲	STATE A	ZIP CODE A
ationship: Connected Organization	X Affiliated Committee Leadership PAC Sp	ponsor Joint Fundi	aising Representative
-			[ ADDITIONAL ]
Designated Agent			[]
_			
Full Name			
Full Name			
Mailing Address	CITYA		
	CITY	STATE ▲	ZIP CODE A
Mailing Address			
Mailing Address	Telep	STATE A	ZIP CODE 1