Image# 29934693419

STATEMENT OF

| FORM 1 | ORGANIZA (See instruction | | Office use only |
|-------------------------------|--|--|---------------------|
| NAME OF COMMITTEE (in f | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 |
| HILTON WORL | DWIDE POLITICAL ACTION COM | IMITTEE | |
| | | | |
| ADDRESS (number and s | street) 7930 JONES BRANCH | H DRIVE, STE 1100 | |
| (Check if address | | | |
| is changed) | MCLEAN | | VA 22102 - 1111 |
| | | CITY▲ | STATE▲ ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRESS (Please provide only one e-m | nail address) | |
| (Check if address is changed) | sscally@nmgovlaw.c | om | |
| is changed) | | | |
| (Check if address | PAGE ADDRESS (URL) | | |
| is changed) | | | |
| 2. DATE 09 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | |
| 3. FEC IDENTIFICA | TION NUMBER | C C00213074 | |
| 4. IS THIS STATEM | ENT NEW (N) OR | X AMENDED (A) | |
| I certify that I have examin | ned this Statement and to the best of my know | vledge and belief it is true, correct | and complete |
| Type or Print Name of | Treasurer Steven S. Lucas | | |
| Signature of Treasurer | Electronically Filed by Steven S. I | Lucas | Date 09 / 28 / 2009 |
| NOTE: Submission of fal | se, erroneous, or incomplete information may ANY CHANGE IN INFORMAT | | |
| Office Use Only | | For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100 | ission FEC FORM 1 |

| | F | EC F | Form 1 (Revised 02/2009) | Page 2 | | | | |
|----|--|--|--|---|--|--|--|--|
| 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 t information below.) | he candidate | | | | |
| | Name Candid | | | | | | | |
| | Candid Party / | date Affiliati | Office Sought: House Senate President | State District | | | | |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | |
| | Name Candi | | | | | | | |
| | Party | Comn | | | | | | |
| | (d) | | This committee is a (National, State (or subordinate) committee of the | (Democratic, Republican,etc.) Party. | | | | |
| | Political Action Committee (PAC): | | | | | | | |
| | (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a | | | | | | | |
| | | | X Corporation Corporation w/o Capital Stock La | bor Organization | | | | |
| | | | Membership Organization Trade Association C | ooperative | | | | |
| | | | 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 segregate 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) | | 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. | | | | | |
| | | Committees Participating in Joint Fundraiser | | | | | | |
| | | | 1. FEC ID number | | | | | |
| | | | 2. FEC ID number | | | | | |
| | | | 3. FEC ID number | | | | | |
| | | | EEC ID number C | | | | | |

| | FEC Form 1 (Revised 02) | (2009) | | | Page 3 | |
|----|--|--|----------------------------|------------|----------------------|----|
| W | rite or Type Committee Name | | | | | |
| | HILTON WORLDWIDE PO | OLITICAL ACTION COMMITTEE | | | | |
| | | | | | | |
| 6. | Name of Any Connected Org | anization, Affiliated Committee, Joint I | undraising Representati | ve, or Lea | dership PAC Sponsor | |
| 1 | HILTON WORLDWIDE | | | | | |
| Ш | TILTON WORLDWIDE | | | | | |
| | | | | | | |
| | Mailing Address | 7930 JONES BRANC | H DRIVE, STE 1100 | | | |
| | - | 1 | | 1 1 1 | | |
| | | I , , , McLEAN | 1 1 1 | /Α | | |
| | | | | ובו | | |
| | | CITY | STA | ATE 🛕 | ZIP CODE | |
| | Relationship: | | | | _ | |
| | X Connected Organization | Affiliated Committee | Joint Fundraising Represen | ntative | Leadership PAC Spons | or |
| | | | | | | |
| 7. | Custodian of Records: Idea possession of Committee I | ntify by name, address, (phone num | iber optional), and po | osition of | the person in | |
| | ı STEVEN | N S. LUCAS | | | | |
| | Full Name | | | | | |
| | Mailing Address | 2350 KERNER BLVD. | , SUITE 250 | | | |
| | | | | | | |
| | | SAN RAFAEL | | CA | 94901 _ | |
| | Title or Position ♥ | CITY A | et. | ATE& | ZIP CODE A | |
| | Custodian | | Telephone number | 415 | - 389 - 680 | 0 |
| | | | r elephone number | | | |
| 8. | Treasurer: List the name a | and address (phone number optio | nal) of the treasurer of | the com | mittee: and the | |
| 0. | | designated agent (e.g., assistant tro | | | micos, and ino | |
| | Full Name | | | | | |
| | | NEIHARDT | | | | |
| | Mailing Address | 7930 JONES BRANC | H DRIVE, STE 1100 | | | |
| | • | | | | | |
| | | MCLEAN | | \/ A | 22102 | |
| | | IVICLEAN | | <u>VA</u> | 22102 – | |
| | Title or Position ♥ | CITY A | ST | ATE▲ | ZIP CODE A | |
| | Treasurer | | | 703 | _ 883 _ 572 | 3 |
| | i i casul el | | Telephone number | 103 | _ 000 _ 012 | .5 |

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|---|--------------------|---------------------------------------|----------------------|
| Full Name of Designated Agent | STEVEN S. LUCAS | | |
| Mailing Address | 2350 KERNER BLVD., | , SUITE 250 | |
| | SAN RAFAEL | | 94901 |
| Title or Position ▼ | CITY A | STATE A | ZIP CODE A |
| Assist | ant Treasurer | Telephone number 415 | |
| Banks or Other Depositions safety deposit boxes or number of Bank, Deposito | naintains funds. | which the committee deposits funds, h | olds accounts, rents |
| В | ANK OF MARIN | | |
| Mailing Address | 50 MADERA BLVD. | | |
| | CORTE MADERA | ÇA [| 94925 _ |
| | CITY 🗖 | STATE △ | ZIP CODE 🛕 |
| Name of Bank, Deposito | ry, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | CITY 🗖 | STATE▲ | ZIP CODE 🛕 |