

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

FIDELITY NATIONAL FINANCIAL INC PAC 2001

ADDRESS (number and street)

601 Riverside Ave

(Check if address is changed)

Jacksonville

FL

32204

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

robin.trinh@fnf.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9043571060

2. DATE

05 / 13 / 2008

3. FEC IDENTIFICATION NUMBER

C C00364455

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 it is true, correct and complete

Type or Print Name of Treasurer

Robin Trinh

Signature of Treasurer

Electronically Filed by Robin Trinh

Date

05 / 13 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1 (Revised 02/2003)

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

Fidelity National Financial, Inc.

Mailing Address **601 Riverside Avenue** _____

Jacksonville **FL** **32204** -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship **Connected** _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

FIDELITY NATIONAL FINANCIAL INC PAC 2001

- 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 **Robin Trinh**

Mailing Address **601 Riverside Avenue**
10th Floor
Jacksonville FL 32204

Title or Position ▼ **Treasurer** CITY ▲ **Jacksonville** STATE ▲ **FL** ZIP CODE ▲ **32204**

Telephone number **904 854 8730**

- 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 **Robin Trinh**

Mailing Address **601 Riverside Avenue**
10th Floor
Jacksonville FL 32204

Title or Position ▼ **Treasurer** CITY ▲ **Jacksonville** STATE ▲ **FL** ZIP CODE ▲ **32204**

Telephone number **904 854 8730**

Full Name of Designated Agent **Anthony Park**

Mailing Address **601 Riverside Avenue**
11th Floor
Jacksonville FL 32204

Title or Position ▼ **Asst Treasurer** CITY ▲ **Jacksonville** STATE ▲ **FL** ZIP CODE ▲ **32204**

Telephone number **904 854 8812**

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.

Bank of America

Mailing Address

333 S. Beaudry Avenue

16th Floor

Los Angeles

CA

90017

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲