

**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

THE DIRECTV GROUP, INC. FUND -- FEDERAL

ADDRESS (Home or street) 520 S. GRAND AVE., #700

(Check if address is changed) LOS ANGELES CA 90071

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

cary@politicallaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 08 / 04 / 2004

3. FEC IDENTIFICATION NUMBER C C00331991

4. IS THIS STATEMENT NEW (N) OR X 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 CARY DAVIDSON

Signature of Treasurer Electronically Filed by GARY DAVIDSON Date 08 / 04 / 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

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	Office				State
Party Affiliation	Sought:	House	Senate	President	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

THE DIRECTV GROUP, INC. _____

Mailing Address _____ 200 N. SEPULVEDA BLVD. _____

EL SEGUNDO _____ CA _____ 90245 - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____ CONNECTED _____

Type of Connected Organization:

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

Write or Type Committee Name

THE DIRECTV GROUP, INC. FUND - FEDERAL

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 CARY DAVIDSON

Mailing Address 520 S. GRAND AVE., #700

LOS ANGELES CA 90071

Title or Position CITY STATE ZIP CODE

CST Telephone number 213 624 6200

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 CARY DAVIDSON

Mailing Address 520 S. GRAND AVE., #700

LOS ANGELES CA 90071

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 213 624 6200

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

KINECTA FEDERAL CREDIT UNION

Mailing Address

P.O. BOX 10003

MANHATTAN BEACH

CA

90267

CITY ▲

STATE ▲

ZIP CODE ▲

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.

[ADDITIONAL]

Mailing Address		
CITY ▲	STATE ▲	ZIP CODE ▲

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

NEWS AMERICA HOLDINGS INC-FOX POL ACTION COMMITTEE

Mailing Address

444 N. CAPITOL ST., SUITE 740

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

AFFILIATED

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Designated Agent

[ADDITIONAL]

Full Name _____

Mailing Address _____

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

_____ Telephone number _____ - _____ - _____
