Image# 26990334525

FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | | (See instruction | | | | | | Offi | ce use onl | v | | |
|-------------------------------|------------------------|--|--------------------|---|------------------|--------|----------|------|-------------|------------|-----|---|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Exampl over the | e: If typying, type lines | е | 12FE | 4M5 | | | , | | |
| Information Te | echnology Indust | y Council Politic | cal Action | n Committee | (I- | | | 11 | | | | |
| | 11111 | <u> </u> | 111 | <u> </u> | | | | | | | | لــــــــــــــــــــــــــــــــــــــ |
| ADDRESS (number and s | street) 1250 | I STREET NW SI | JITE 200 | | | ш | ш | | | | | Ш |
| (Check if address is changed) | | HINGTON | | | | L PC |] | L | 2000 | <u> </u> | | |
| COMMITTEE'S E-MAI | L ADDRESS | | CITY▲ | | ; | STATE | • | | ZIF | CODE | • | |
| 1 | 1 1 1 1 1 1 | | 1 1 1 | | | | | | | | 1 1 | . 1 |
| 1 | | | | | | | | | | | | . I |
| COMMITTEE'S WEB | PAGE ADDRESS (U | I | | | | 1 1 | | 1 1 | | | | |
| 1 | | | 1 1 1 | | 1.1 | 1 1 | | 1 1 | 1 1 1 | 11 | 1.1 | , 1 |
| | | | | | 1 1 | 1 1 | | 1 1 | 1 1 1 | | 1 1 | |
| 2. DATE 0.3 | | Y 0 Y 6 Y | | | | | | | | | | |
| 3. FEC IDENTIFICA | | | | | | | | | | | | |
| 4. IS THIS STATEM | ENT X NEW | (N) OR | | AMENDED (A | A) | | | | | | | |
| I certify that I have exami | ned this Statement and | to the best of my know | rledge and b | elief it is true, cor | rect and | comple | te | | | | | |
| Type or Print Name of | Treasurer | leather Smith | | | | | | | | | | |
| Signature of Treasurer | Electronically Filed | by Heather Sn | nith | | _ [|)ate | М 0 ; | M / | 16 | / Y | žo | 0 6 |
| NOTE: Submission of fal | | plete information may | | | | | | | of 2 U.S.0 |). S437 | g. | |
| Office Use Only | | | Fe To | or further informateral Election Co oll Free 800-424-9 oral 202-694-110 | ommissio 9530 | | | | FEC (Revise | FORI | | |

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|-------------------|---|-----------------------------------|--|--|--|--|--|
| 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 House Senate President | State District | | | | | |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | Name of Candidate | | | | | | |
| | | mocratic, ublican,etc.) Party. | | | | | |
| | committee. | d or party | | | | | |
| ô. | Name of Any Connected Organization or Affiliated Committee | | | | | | |
| L | Information Technology Industry Council | | | | | | |
| L | | | | | | | |
| | Mailing Address 1250 I Street, NW | | | | | | |
| | Suite 200 | | | | | | |
| | Washington DC 200 | 005 | | | | | |
| | CITY≜ STATE ♠ Z | IP CODE A | | | | | |
| | Relationship Connected | | | | | | |
| | Type of Connected Organization: | | | | | | |
| | Corporation Corporation w/o Capital Stock Labor Organization | n | | | | | |
| | X Membership Organization Trade Association Cooperative | | | | | | |
| | | | | | | | |

| | | (Revised 02/2003) | | | | Pa | ge 3 |
|----|-------------------------------------|--------------------------------------|--|------------------------|-------------|-------------|-------------|
| ٧ | Vrite or Type Commit | | | | | | |
| | | | ry Council Political Action | | | | |
| 7. | | cords: Identify by Committee books a | name, address, (phone num nd records. | ber optional), and pos | ition of th | e person in | |
| | Full Name | Vickie L. Winpi | singer | | | | |
| | Mailing Address | | 315 Inspiration Lane | | | | |
| | | | Gaithersburg | MI | <u> </u> | 20878 _ | |
| | Title or Position ▼ | | CITY A | STAT | ΓEΑ | ZIP COI | DE A |
| | E | Bookkeeper | | Telephone number | 301 | 947 | 0278 |
| | of Treasurer Mailing Address | Heather Smith | 1250 I Street, NW Suite 200 | | | | |
| | | | Washington | DC | · _ | 20005 _ | |
| | Title or Position ♥ | | CITY A | STAT | ΓEΔ | ZIP COI | DE A |
| | | reasurer | | Telephone number | 202 | 626 | 5740 |
| | Full Name of Designated Agent | Josh Ackil | | | | | |
| | Mailing Address | | 1250 I Street, NW | | | | |
| | | | Suite 200 | | | | |
| | | | Washington | | _ | 20005 _ | |
| | Title or Position ♥ | | CITY A | STAT | EA | ZIP COD | E A |

202

Telephone number

626

5751

Assistant Treasurer

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|---|-------------------------------|--------------------------|----------------|--|--|--|
| 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 | s. | | | | |
| | Bank o | of America, N.A. | | | | |
| | Mailing Address | 1048 Quince Orchard Road | | | | |
| | | | | | | |
| | | Gaithersburg MD 208 | 378 _ | | | |
| | | CITY △ STATE 🚄 ZII | P CODE △ | | | |