FEC FORM 1			ATEN CGAN	IZA							Off	ïce use (only		
1. NAME OF COMMITTEE (in 1	full)		heck if nan changed)	ne	Examp over th	e lines	ing, type	[12FE	E4M5	5	1			
	tical Actior	ı Çommit	tee (Fide	lity P		_ 1 _ 1 _ 1	11	1 1	1 1	11	11	1 1	11	1 1	
												1 1			
	. 1	82 Devo	onshire S	Street											
ADDRESS (number and s	street)	 N5A _													
(Check if addre	ress														
is changed)	L	Boston							MA	1		02	109 -	-	
					CITY			;	STATE			Z		DE 🔺	
COMMITTEE'S E-MAI															
fidelitypac@fm	nr.com														
						1 1 11									
COMMITTEE'S WEB	PAGE ADDR	ESS (URL))												·
															1
COMMITTEE'S FAX N 6173850943	NUMBER														
2. DATE 02		/ Y Y	2009												
3. FEC IDENTIFICA	TION NUMB	ER		C	C C002	15046									
4. IS THIS STATEM		NEW (N	J) (OR	X	AMEN	IDED (A))							
I certify that I have examine	ined this Stater	ment and to t	the best of n	ny know	ledge and	belief it is t	rue, corre	ect and	comple	te					
		• •	-												
Type or Print Name of	Treasurer	Kat	hryn Dur	าท											
Signature of Treasurer	Electronic	cally Filed by	y Kathr	yn Du	INN			C)ate	[™] 0 :	2 ^M	D 0	4	Y Y 2	0 [°] 0 9 [°]
NOTE: Submission of fal		, or incomple		-	-		-					of 2 U.S	S.C. S4	37g.	
Office		—				or further	informat	lion co	ntacti						

Only Federal Election Commission FEC FORM Only Local 202-694-1100 (Revised 12/2007)		-424-9530 (Revised 12/2007)	
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	FEC F	Form 1 (Revised 12/2007)	Page 2
5.	TYPE OF CO	DMMITTEE (Check One)	
	Candidate C	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 the information below.)	e candidate
	Name of Candidate		
	Candidate Party Affiliati	on Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Comm	ittee:	
	(d)		(Democratic, Republican,etc.) Party.
	Political Act	ion Committee (PAC):	
	(e) X	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	or Organization
		Membership Organization Trade Association Cod	operative
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundra	ising Representative:	

(g)

(h)

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.

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	C
2.	FEC ID number	C
3.	FEC ID number	C
4.	FEC ID number	C
5.	FEC ID number	C

FEC Form 1 (Revised 12/2007)	
Write or Type Committee Name	

FMR LLC Political Action Committee (Fidelity PAC)

6.	Name of Any Connected Org	ganization, Affiliated Committee, Leadership	PAC Sponsor or Joint Fundra	ising Representative
				<u> </u>
	Mailing Address	82 Devonshire Street		
		Boston	μ	02109
		СІТҮ	STATE 🛦	ZIP CODE
	Relationship:	Affiliated Committee	ership PAC Sponsor	int Fundraising Representative
7.	possession of Committee		optional), and position of	the person in
	Full Name	Kennedy		
	Mailing Address	82 Devonshire Street		
		Boston	MA	02019 _
	Title or Position ♥	CITY A	STATE	
	Custodian	of Records	Telephone number 617	563 2631
8.	name and address of any	and address (phone number optional) designated agent (e.g., assistant treasu n Dunn		nittee; and the
	Mailing Address	82 Devonshire Street		
		V6A		
		Boston	MA	02109
	Title or Position ♥	CITY 🛦	STATE	ZIP CODE 🛦

FEC Form 1 (Revis					
Full Name of Designated Agent	Helen Kafkas				
Mailing Address	82 Devonshire Street				
	V6A				
	Boston	MA	0	2109	
Title or Position ♥	CITY A	STATE	4		N
Assista	ant Treasurer	elephone number	617	392	2908
	naintains funds.	e committee deposits t	unds, holds ac	counts, rents	1 1 1
safety deposit boxes or m Name of Bank, Depositor	naintains funds. y, etc. rown Brothers Harriman - Federal	e committee deposits f			
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. rown Brothers Harriman - Federal 40 Water Street				· · · ·
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safety deposit boxes or m Name of Bank, Depositor Mailing Address	naintains funds. y, etc. Town Brothers Harriman - Federal 40 Water Street 40 Water Street Boston CITY ▲ y, etc. delity Investments Attn: Restricted Stock Services			02109 [

FEC Form 1 (Revised 12/2007)

Page	5	Ι	5
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safety deposit boxes or mainta	s: List all banks or other depositories in which the committe ains funds.	1 /	
Name of Bank, Depository, etc			[ADDITIONAL]
Mailing Address			
	CITY 🔺	STATE ⊿	ZIP CODE 🔺
		n en leint Frankrig	
-	ganization, Affiliated Committee, Leadership PAC Sponso on Committee - Federal (Fidelity PAC)	r or joint Fundrals	sing Representative
Mailing Address	82 Devonshire Street		
	Boston		02109
	CITY	STATE 🛦	ZIP CODE 🔺
elationship: Connected Organization	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	ndraising Representative
Connected Organization	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	
1	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	ndraising Representative
Connected Organization	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	
Connected Organization Designated Agent	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	
Connected Organization Designated Agent Full Name	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	
Connected Organization Designated Agent Full Name	X Affiliated Committee Leadership PAC Sponso	or Joint Fu	
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]
Connected Organization Designated Agent Full Name	X Affiliated Committee Leadership PAC Sponsor Leadership PAC Sponsor Image: City ▲	or Joint Fur	
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]
Connected Organization Designated Agent Full Name Mailing Address			[ADDITIONAL]