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FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: typing, type over the lines. 12PE4M5

PRIORITY PAC

ADDRESS (number and street) 818 CONNECTICUT AVE, NW

(Check if address is changed) SUITE 1100

WASHINGTON DC 20006

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

N/A

COMMITTEE'S FAX NUMBER

202-464-0665

2. DATE 07 17 2003

3. FEC IDENTIFICATION NUMBER ▶ C

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 WILLIAM OLDAKER

Signature of Treasurer [signature] Date 07 21 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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)

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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 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

NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

FEC Form 1 (Revised 02/2003) Page 3

Write or Type Committee Name

PRIORITY PAC

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: WILLIAM OLDAKER

Mailing Address: 818 CONNECTICUT AVE NW
SUITE 1100

CITY ▲: WASHINGTON STATE ▲: DC ZIP CODE ▲: 20006 -

Title or Position ▼: TREASURER

Telephone number: 202-728-1010

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: WILLIAM OLDAKER

Mailing Address: 818 CONNECTICUT AVE, NW
SUITE 1100

CITY ▲: WASHINGTON STATE ▲: DC ZIP CODE ▲: 20006 -

Title or Position ▼: TREASURER

Telephone number: 202-728-1010

Full Name of Designated Agent:

Mailing Address:

CITY ▲: STATE ▲: ZIP CODE ▲: -

Title or Position ▼:

Telephone number: - -

B. **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.

UNITED BANK

Mailing Address 1875 EYE ST, NW

WASHINGTON DC 20006-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

23038150548

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

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JMD
PREPARER

7-21-03
DATE PREPARED

(5/2000)