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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

Treasurer's title: 102

ADDRESS (number and street) 2200 Clarendon Boulevard



(Check if address is changed)

Suite 1201

Arlington VA 22201

CITY A

STATE A

ZIP CODE A

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

11 11 2008

3. FEC IDENTIFICATION NUMBER ▶

C00165753

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 Elizabeth Brown

Signature of Treasurer

Date

11 11 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 18 U.S.C. §497g.

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 202-696-1100

FEC FORM 1
(Revise 1/01)

FE10000000

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

Name _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

Write or Type Committee Name

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 Miriam S. Zalman

Mailing Address P.O. Box 515

Arlington VA 22216

Title or Position CITY STATE ZIP CODE

Controller Telephone number 703-875-9650

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 Elizabeth Brown

Mailing Address P.O. Box 515

Arlington VA 22216

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number --

Full Name of Designated Agent Brian Flourant

Mailing Address P.O. Box 515

Arlington VA 22216

Title or Position CITY STATE ZIP CODE

Assistant Treasurer 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.

Bank of America

Mailing Address

730 15th Street, NW

Washington DC 20005

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Citibank

Mailing Address

399 Park Avenue

New York NY 10022

CITY

STATE

ZIP CODE

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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