FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		ee instructions)	ON		Office use only	
NAME OF COMMITTEE (in	full) (Check		xample: If typying, type ver the lines	12FE4M5		
XM Satellite R	ladio Inç. Politiçal Açtiq	n Committee				
	1500 Eckin	gton Place NE				
ADDRESS (number and	street)					
(Check if addr is changed)	ress Washingto	n		DC	20002   -	
		CITY	<b>_</b>	STATE	ZIP CODE 🔺	
COMMITTEE'S E-MA	IL ADDRESS				1	
COMMITTEE'S WEB	PAGE ADDRESS (URL)		<del>                                     </del>			
1						
2. DATE 0.7	M / D D / Y Y Y	) 6 °				
3. FEC IDENTIFICA						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)						
I certify that I have exam	ined this Statement and to the b	est of my knowledge	and belief it is true, correct an	d complete		
Type or Print Name of	Treasurer Ms Doi	cas Agyei				
Signature of Treasurer	Electronically Filed by	Ms Dorcas Agy	ei	Date 07	13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
NOTE: Submission of fa	alse, erroneous, or incomplete in		ct the person signing this State	·	s of 2 U.S.C. S437g.	
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2003)	

	FEOForm 1 (Revised 02/2003)	Page 2					
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						
	Party Affiliation Sought: House Senate President	State					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
	Name of Candidate						
	(d) This committee is a (or subordinate) committee of the Repu  (e) X This committee is a separate segregated fund	nocratic, iblican,etc.) Party.					
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party					
6.	Name of Any Connected Organization or Affiliated Committee						
l	XM Satellite Radio Inc.	<b>.</b> .					
	Mailing Address 1500 Eckington Place NE						
	Washington DC 2000	02   _					
	CITY▲ STATE ▲ ZI	P CODE A					
	Relationship Connected Org.						
Type of Connected Organization:							
	X Corporation Corporation w/o Capital Stock Labor Organization	1					
	Membership Organization Trade Association Cooperative						

FEC Form 1 (Revised 02/2003)

Write or Type Comr	mittee Name							
XM Satellite	Radio Inc. Politic	al Action Committee						
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Mr. Joseph M. Titlebaum Full Name								
Mailing Address		1500 Eckington Place	» NE					
		Washington		20002				
Title or Position	▼	CITY A	STATE▲	ZIP CODE A				
	General Counse	<u> </u>	Telephone number					
8. <b>Treasurer:</b> 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  Mr. James (Jim) Burns								
Mailing Address		1500 Eckington Place	• NE					
		Washington	DC	20002				
Title or Position	₩	CITY A	STATE▲	ZIP CODE A				
	Treasurer		Telephone number 202					
Full Name of Designated Agent	Ms Dorcas A	gyei						
Mailing Address		1500 Eckington Place	» NE					
		Washington	DC					
Title or Position	<b>∀</b>	CITY A	STATE	ZIP CODE A				
	Mgr Business Af	ffairs	Telephone number					

Page 3

	FEC Form 1 (Revised 02	2/2003)	Page 4					
9. <b>Banks or Other Depositories:</b> 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.							
	Sun Tr	ust						
	Mailing Address	14401 Sweitzer Lane						
		Laurel MD 20707	7   _   _					

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷