2010 JAN -6 PM 2: 13

## FEC FORM 1

10030210634

## STATEMENT OF ORGANIZATION

|                |  |              | (See instruc               | tions)     |  |             | Office us | se only           |               |          |
|----------------|--|--------------|----------------------------|------------|--|-------------|-----------|-------------------|---------------|----------|
| 1.             | NAME OF<br>COMMITTEE (in f                     | full)        | (Check if name is changed) | Exa        | nple: If typying, type<br>the lines  | 12FE        | 4M5       |                   |               |          |
| L              | Vote No or Yo                                  | u Go PAC     |                            | 1.1.1      | 111111   | بب          |           | ·<br><del>ப</del> | 111           | لب       |
| سا             |  |              |                            |            |  | لللل        |           | 111               |               | لب       |
| ΑD             | DRESS (number and s                            | street)      | O BOX 15114                |            |  |             |           |                   |               |          |
| _<br>          | (Check if address                              |              | 11111                      |            |  | 11.1.1      | 111       |                   | بليل          | لب       |
|                | is changed)                                    | <u> </u>     | RLINGTON                   |            |  | <u>Y</u> A  | 2         | 2215              | ـــــا        | لــــ    |
|                |  |              |                            | CITY       |  | STATE       | •         | ZIP COI           | DE 📥          |          |
| co             | MMITTEE'S E-MAI                                | L ADDRESS (P | lease provide only one     | e-mail add | Iress)   |             |           |                   |               |          |
| Π              | (Check if address is changed)                  | <u></u>      | ROB@RDJCONSU               | LTINGVA    | .COM   | لبلب        |           |                   |               | لــــ    |
| لسا            | is changed)                                    | L            |                            |            |  |             |           | 111               |               | لبنا     |
| СО             | MMITTEE'S WEB I                                | PAGE ADDRES  | S (URL)                    |            |  |             |           |                   | •             | •        |
| <b>_</b>       | (Check if address                              |              | 111111                     |            |  |             |           |                   |               | . 1      |
|                | is changed)                                    | L.           |                            |            |  | <del></del> |           | <del></del>       |               | <br>     |
| 2.<br>3.<br>4. | DATE M M M 0.1  FEC IDENTIFICA  IS THIS STATEM | TION NUMBER  | 20,10 )  NEW (N) OR        | [C]        | AMENDED (A)  |             |           |                   |               |          |
| Тур            | oe or Print Name of                            | Treasurer    | ROBERT JENT                | •          | d belief it is true, correct a   |             |           |                   | Y·Y·          | V 9 V    |
|                | nature of Treasure                             |              |                            |            |  |             | 0.76      |                   | Ž.Ŏ. <i>)</i> | <u> </u> |
| NO             | TE: Submission of fal                          |              | •                          |            | ne person signing this Sta   |             | •         | J.S.C. §43        | 37g.          |          |
|                | Office<br>Use<br>Only                          |              |                            |            | For further Information<br>Federal Election Commis<br>Toll Free 800-424-9530 |             |           | C FO              |               |          |

FEC Form 1 (Revised 02/2009)

| 5. | TYPE          | OF CC               | MMITTEE (Check One)  |
|----|---------------|---------------------|--|
|    | Cand          | idate 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 candidate information below.)  |
|    | Name<br>Cand  |                     | <u> </u>   |
|    | Cand<br>Party | lidate<br>Affiliati | on Office State President District   |
|    | (c)           |                     | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|    | Name<br>Cand  |                     |  |
|    | Party         | Comm                | littee:  |
|    | (d)           |                     | This committee is a (National, State (Democratic, Republican, etc.) Party.   |
|    | Politi        | cal Act             | ion Committee (PAC):   |
|    | (e)           | П                   | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:  |
|    |               | لببا                | Corporation Corporation w/o Capital Stock Labor Organization   |
|    |               |                     |  |
|    |               |                     | Membership Organization Trade Association Cooperative  |
|    |               |                     | In addition, this committee is a Lobbyist/Registrant PAC.  |
|    | <b>(f)</b>    | X                   | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)  |
|    |               |                     | In addition, this committee is a Lobbyist/Registrant PAC.  |
|    |               |                     | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
|    | Joint         | Fundes              | Ising Representative:  |
|    |               | runura              |  |
|    | (g)           | L                   | 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. |
|    | (h)           |                     | 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.         |
|    |               | Com                 | mittees Participating in Joint Fundraiser  |
|    |               |                     | 1 FEC ID number C  |
|    |               |                     | 2.   |
|    |               |                     | 3  |
|    |               |                     | 4. FEC ID number C   |

Page 2

| FEC Form 1 (Revised         | 02/2009)   |                                   | Page 3                 |
|-----------------------------|--|-----------------------------------|------------------------|
| Write or Type Committee Nam | e  |                                   |                        |
| Vote No or You Go PA        | <b>IC</b>  |                                   |                        |
| 6. Name of Any Connected    | Organization, Affiliated Committee, Joint Fu   | ndraising Representative, or Lead | ership PAC Sponsor     |
| , NONE                      |  |                                   |                        |
|                             |  | _i                                |                        |
| Mailing Address             |  | <u> </u>                          | <u> </u>               |
| -                           | 1  |                                   |                        |
|                             | <b>1</b>   |                                   | <b>1-1</b>             |
|                             | <u> </u>   |                                   | <del></del>            |
|                             | CITYA  | STATE A                           | ZIP CODE A             |
| Relationship:               | П П.   |                                   | l <u></u> -            |
| Connected Organizati        | on Affiliated Committee J  | oint Fundraising Representative   | Leadership PAC Sponsor |
| Mailing Address             |  |                                   |                        |
|                             | ARLINGTON  | VA                                | 22215 _                |
| Title or Position ♥         | CITY A   | STATE &                           | ZIP CODE 4             |
| TREASI                      | IRER   | Telephone number 703              | - 371 - 3230           |
| name and address of a       | e and address (phone number optiona<br>ny designated agent (e.g., assistant trea<br>ERT JENTGENS |                                   | tee; and the           |
| Mailing Address             | PO BOX 15114   |                                   |                        |
|                             |  |                                   |                        |
|                             | ARLINGTON  |                                   | 22215 _                |
| Title or Position ¥         | CITY A   | STATE A                           | ZIP CODE A             |
| TREAS                       | JRER   | Telephone number 703              | _ 371 _ 3230           |
| <del></del>                 | <del></del>  | Telephone number                  |                        |

| FEC Form 1 (Revi  | ised 02/2009)  |                           | Page 4                |
|---|--|---------------------------|-----------------------|
| Full Name of<br>Designated<br>Agent   |  |                           |                       |
| Mailing Address   |  |                           |                       |
|   |  | ····                      |                       |
| itle or Position ♥  | CITY A   | STATE A                   | ZIP CODE A            |
|   | Tele   | phone number              |                       |
|   |  |                           |                       |
| safety deposit boxes or r   | maintains funds.   | committee deposits funds, | holds accounts, rents |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.   |                           | holds accounts, rents |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.  ory, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  |                           |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.  ory, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  | <u>i  </u>                |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  | <u>i  </u>                |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR                             |                           |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito   | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR  NORFOLK  CITY A            |                           |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito<br>BA<br>Mailing Address                              | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR  NORFOLK  CITY A            |                           |                       |
| safety deposit boxes or r<br>Name of Bank, Deposito<br>BA<br>Mailing Address                              | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR  NORFOLK  CITY A  Dry, etc. |                           |                       |
| safety deposit boxes or r Name of Bank, Deposito  Bank, Deposito  Mailing Address  Name of Bank, Deposito | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR  NORFOLK  CITY A  Dry, etc. | STATE 4                   |                       |
| Mailing Address  Name of Bank, Deposito   | maintains funds.  Dry, etc.  ANK OF AMERICA  1 COMMERCIAL PLACE  6TH FLOOR  NORFOLK  CITY A  Dry, etc. | STATE 4                   | 23510                 |

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS** Express Mail Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED