

2010 APR 14 AM 10:10

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

T, e, l, e, c, o, m, m, u, n, i, c, a, t, i, o, n, s, I, n, d, u, s, t, r, y, A, s, s, o, c, i, a, t, i, o, n

B, r, o, a, d, b, a, n, d, P, A, C

ADDRESS (number and street)

2, 5, 0, 0 W, i, l, s, o, n B, o, u, l, e, v, a, r, d, S, u, i, t, e 3, 0, 0

(Check if address is changed)

A, r, l, i, n, g, t, o, n, V, A 2, 2, 2, 0, 1

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

m, w, a, t, e, r, s, @, t, i, a, o, n, l, i, n, e, ., o, r, g

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N, O, N, E

2. DATE

0 4 1 2 2 0 1 0

3. FEC IDENTIFICATION NUMBER

C 0 0 3 8 3 3 5 6

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 Mary Piper Waters

Signature of Treasurer

Date

0 4 1 2 2 0 1 0

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				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 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 \_\_\_\_\_

Party Committee:

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  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 Fundraising Representative:

- (g)  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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/>
2.	_____	FEC ID number	<input checked="" type="checkbox"/>
3.	_____	FEC ID number	<input checked="" type="checkbox"/>
4.	_____	FEC ID number	<input checked="" type="checkbox"/>

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Telecommunications Industry Association (TIA)

Mailing Address 2500 Wilson Boulevard, Suite 300
Arlington VA 22201
CITY STATE ZIP CODE

Relationship: [X] Connected Organization [ ] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

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 Lidia Berlejung
Mailing Address TIA
2500 Wilson Boulevard, Suite 300
Arlington VA 22201
CITY STATE ZIP CODE
Title or Position CONTROLLER Telephone number 703-907-7720

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 Mary Piper Waters
Mailing Address TIA
2500 Wilson Boulevard, Suite 300
Arlington VA 22201
CITY STATE ZIP CODE
Title or Position Director, Operations Telephone number 703-907-7701

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Full Name of Designated Agent

M a r y P i p e r W a t e r s

Mailing Address

T I A

2 5 0 0 W i l s o n B o u l e v a r d , S u i t e 3 0 0

A r l i n g t o n V A 2 2 2 0 1

CITY

STATE

ZIP CODE

Title or Position

D i r e c t o r O p e r a t i o n s

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.

S u n t r u s t

Mailing Address

1 4 4 5 N e w Y o r k A v e n u e , N W

W a s h i n g t o n D C 2 2 2 0 5

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

10030290656

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Exp</i>	Shipping Date <i>4/13/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JWA*  
 PREPARER

*4/14/10*  
 DATE PREPARED

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