| FEC FORM 1 | | STATEMEI ORGANIZ | | Office Use Only |
|---|----------------------|--|--|--|
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 |
| Direct Edge | Holdir | ngs LLC Politica | al Action Committ | ee aka Direct Edge PAC |
| | | 701 8th Street, NW | | |
| ADDRESS (number ar | nd street) | Suite 500 | | |
| (Check if ad is changed) | ldress | Washington | | DC 20001 |
| | | | CITY | STATE ZIP CODE |
| COMMITTEE'S E-MA (Check if a is changed | address | S (Please provide only one e mklesher@wms-jen.com | -mail address) | |
| COMMITTEE'S WEB | PAGE ADDI | RESS (URL) | | |
| (Check if a is changed | | | | |
| 2. DATE 10 | | 2011 | | |
| 3. FEC IDENTIFIC | ATION NU | MBER C C | 00458653 | |
| 4. IS THIS STATEN | IENT | NEW (N) OR | × AMENDED (A) | |
| I certify that I have e | xamined this | Statement and to the best | t of my knowledge and belief it | is true, correct and complete. |
| Type or Print Name of | of Treasurer | Meredith Lesher | | |
| Signature of Treasure | <i>Meredith</i> r | Lesher | [Electronically Filed] | Date 10 / D - D / Y - Y - Y - Y - Y - Y - Y - Y - Y - Y |
| NOTE: Submission of f | | | may subject the person signing the one statement of the person signing the one statement of the person significant statement of the person | nis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS. |
| Office Use Only | | | For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100 | |

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| - | | _ |
|----------------------------|---|--------------------------------------|
| FEC F | orm 1 (Revised 02/2009) | Page 2 |
| TYPE OF | COMMITTEE | |
| Candidat | e 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. (Comp information below.) | lete the candidate |
| Name of Candidate | | |
| Candidate Party Affilia | tion Office Sought: House Senate President | State |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Co | | |
| (d) | | Democratic, Republican, etc.) Par |
| Political | Action Committee (PAC): | |
| (e) X | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conr | nected organization is |
| | 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 seg committee. (i.e., nonconnected committee) | gregated fund or par |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fun | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| Cor | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | FEC ID number | |

Write or Type Committee Name

Direct Edge Holdings LLC Political Action Committee aka Direct Edge PAC

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

| | Direct Edge Holding | gs LLC | | | | | |
|----|---|-------------------------|---------------------|------------|-----------------------|-------------|-------------------------|
| L | | | | | | | |
| | Mailing Address | 545 Washington Bo | oulevard | | | | |
| | - | 6th Floor | | | | | |
| | | Jersey City | | | NJ | 07310 | , |
| | | | CITY | | STATE | | ZIP CODE |
| | Relationship: X Conne | ected Organization | ffiliated Committee | e Joint I | Fundraising Represer | ntative | Leadership PAC Sponsor |
| 7. | Custodian of Records: books and records. | Identify by name, addre | ss (phone numbe | r optional |) and position of the | person in p | oossession of committee |
| | Mereo | dith Lesher | | | | | |
| | Full Name | | | | | | |
| | Mailing Address | 701 8th Street, NW | / | | | | |
| | | Suite 500 | | | | | |

| | Washington | | 20001 |
|-------------------|------------|--------------|-------------|
| Title or Position | CITY | STATE | ZIP CODE |
| | Telep | bhone number | 02 659 8201 |

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 Mere | edith Lesher | | 1 |
|-------------------|--------------------|------------------|----------------|
| of Treasurer | | | |
| Mailing Address | 701 8th Street, NW | | |
| | Suite 500 | | |
| | Washington | | |
| | CITY | STATE | ZIP CODE |
| Title or Position | | | |
| | | Telephone number | 2 - 659 - 8201 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | | | | | | | | | | | | | | | I | | | | | | | | | | |
|-------------------------------------|--|--|--|--|--|--|----|----|--|--|-----|-----|------|------|-----|-----|-----|--|--|---|--|----|----|----|--|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | L | | | | | | | |
| | | | | | | | CI | ΓY | | | | | | | | ST/ | λΤΕ | | | | | ZI | ΡC | DE | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tel | eph | ione | e ni | umt | ber | | | | | | | | | | | |

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.

| Chain I | Bridge Bank | | |
|-----------------------------|------------------------|--------------|----|
| Mailing Address | 1445-A Laughlin Avenue | | |
| | | | |
| | McLean | VA 22101 | - |
| | CITY | STATE ZIP CC | DE |
| Name of Bank, Depository, e | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | - |
| | CITY | STATE ZIP CC | DE |