



REGIONAL
BOND DEALERS
ASSOCIATION

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2008 OCT 27 AM 8:45

1940 Duke Street
Second Floor
Alexandria, VA 22314
703-486-5672

October 23, 2008

To: Federal Election Commission
From: Michael Nicholas
Co-Chief Executive Officer
Regional Bond Dealers Association
Regarding: FEC Form 1 Statement of Organization

Please see the enclosed FEC Form 1. Please advise me at the contact information below to ensure I've submitted the required information for formation of a Federal Political Action Committee.

Thank you,

Michael Nicholas
Co-CEO
Regional Bond Dealers Association
703.486.5672
202.330.2739 (cell)

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FEC
FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

REGIONAL BOND DEALERS ASSOCIATION POLITICAL
ACTION COMMITTEE

ADDRESS (number and street) 1940 DUKE STREET

(Check if address is changed) SUITE 200

ALEXANDRIA VA 22314

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

M.NICHOLAS@REGIONALBONDDEALERS.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.REGONALBONDDEALERS.COM

COMMITTEE'S FAX NUMBER

703-548-9446

2. DATE 10 / 23 / 2008

3. FEC IDENTIFICATION NUMBER

C 000000000

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 Michael Nicholas

Signature of Treasurer *Michael Nicholas* Date 10 / 23 / 2008

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 12/2007)

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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

- (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 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 type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>
5.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

MICHAEL NICHOLAS

Mailing Address

1940 DUKE STREET

SUITE 200

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Title or Position

CO-CEO

Telephone number

703-486-5672

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

MICHAEL NICHOLAS

Mailing Address

1940 DUKE STREET

SUITE 200

ALEXANDRIA

VA

22314

CITY

STATE

ZIP CODE

Title or Position

CO-CEO

Telephone number

703-486-5672

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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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
10/23/08

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

EA 10/27/08
 PREPARER DATE PREPARED

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