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FEC FORM 1

STATEMENT OF ORGANIZATION

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MAIL CENTER
2009 HOV 10 AM 10: 55

Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	ar i ti i t					
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ACTION COMMINITATIES (PIFIA PIACI)									
ADDRESS (number and street)	20:25 M S	r.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
(Check if address is changed)	$S_{i}U_{i}I_{i}I_{i}E_{i}$ $S_{i}O_{i}O_{i}$								
	W.A.S.H.I.N.G.T.O.N. D.C. 2.0.0.36]-								
		CITY	STATE	ZIP CODE					
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one	e-mail address)							
; '(Check if address	pifiaipiaici@pieidioirithiiicisi.ioirigi								
is changed)				· · · · · · · · · · · · · · · · · · ·					
COMMITTEE'S WEB PAGE ADD	ORESS (URL)		,	•					
i (Charle if address									
(Check if address is changed)									
2. DATE 1 0 26 2009									
3. FEC IDENTIFICATION NUMBER									
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)							
I certify that I have examined th	nis Statement and to the be	st of my knowledge and belief	it is true, correct	and complete.					
Type or Print Name of Treasurer Briank. Lagana									
K	. 1		្រឹត្តកើរ	ne v propin vitar a sa sa					
Signature of Treasurer	Man (Deigo		Date	2 26 2009					
NOTE: Submission of false, errone	·	n may subject the person signing							
Office Use Only		For further Information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)					

	1 age 2						
TYPE OF C							
Candidate	e Committee:						
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)						
(p) : ;	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 . State on Sought: House Senate President District						
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Con	nmittee:						
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.						
Political A	ction Committee (PAC):						
(e) V	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 Fund	Iralsing 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.						
Com	mittees Participating in Joint Fundraiser						
1.	FEC ID number C						
2.	FEC ID number C						
3.	FEC ID number C,						
4.							
	The state of the s						

Write or Type Committee Name

6.	Name of Any Connected Or	ganization, Affiliated Committee,	Joint Fundraising Repr	esentative, or l	Leadership PAC Sponsor				
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L		1:111111	1:111!	1111					
	Mailing Address	2025 N ST.	NW	1111					
	Į.	SUIT E 1800		1111	1111111				
	l	WASHINGTON CITY		STATE	2,0,0,3,6]-[,,,,				
	Relationship: i Connected (Organization i Affiliated Committe	e : 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 cobooks and records.								
	Full Name BRIA	NI KIEITITH LAGA	N.A.						
	Mailing Address	aoas misiti.	1 10.1W						
	l	SIVITITIE 181010							
	1	W. A. S. H. I. N. G. T. O. N.		DIC	2:0:0:3:6]-				
	Title or Position	CITY		STATE	ZIP CODE				
	PIFIAL IEIX EICIUIT	TAVIE DIER.	Telephone num	nber Qı <i>0</i> ı	a-13,6,7-1,2,1,4				
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	N KEITH LAGA	<u> </u>						
	Mailing Address	210:2:51 M ISIT.	<i>N</i> . <i>w</i>	<u> </u>					
	l	SUITIFE 800	<u> </u>		<u> </u>				
		WIAS HILINIGITIOINI		DIC	21010.316 - 1111				
1	Title or Position PIFIAI (EIXIE)CIUIT	ITIVIEI IDITIR:	Telephone num	ber 2.0:	2]-[3,6,7]-[1,2,1,4]				

CITY

STATE

ZIP CODE

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Full Name of Designated Agent

Mailing Address

(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 Postmarked 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**