## FEC FORM 1

NOTE: OH: OM: OH: OH!

Office

Use

Only

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2010 JAN -8 AM 8: 17

**FEC FORM 1** 

(Revised 06/2012)

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
FEDBILD INC		1101N1 IIN1N101V AT	ITON AND REFORM
PACI FEDBITI	D, A, I, R, P, A, C,		
ADDRESS (number and street)	1815 10101 1 LIEIE 19	5   8   V R   61     P   I   K  E	
(Check if address is changed)	SIVITITIE 16101	2, , , , , , , , , , , , , , , , , , ,	
	VITIEIN NA.	<u> </u>	V <sub>1</sub> A     2,2,1,6,2   -
COMMITTEE'S E-MAIL ADDRE	SS .		•-
(Check if address is changed)	KICI RIOIWIE@ICI	OMPINSEARCH.	ic <sub>ioi</sub> M
	Optional Second E-Mail A	Address	
			and the second s
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
Check if address is changed)	Lining		· · · · · · · · · · · · · · · · · · ·
	Literage	<u> </u>	<del> </del>
2. DATE 0 0 0	2 1019		
3. FEC IDENTIFICATION N	UMBER ▶ C	००५५६५५१	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	nis Statement and to the be	st of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	Karen D.	Crowe	· · · · · · · · · · · · · · · · · · ·
Signature of Treasurer	KarenCio	ve	Date 0 1 0 2 20 1 8
NOTE: Submission of false, errone		n may subject the person signing ATION SHOULD BE REPORTED	this Statement to the penalties of 52 U.S.C. §30108 WITHIN 10 DAYS.

For further Information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

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<u>0</u> 8
03
-00183690

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
-	ate Committee:	arrandian balan N
(a)	This committee is a principal campaign committee. (Complete the candidate info	,
(b)	This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate		
Candidate		
Candidate Party Affi		State President
		District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	• []]]]]]]]]	
Party C	committee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Politica	Il Action Committee (PAC):	
<b>57</b>	This committee is a separate segregated fund. (Identify connected organization o	n line 6.) Its connected organization i
(°) <b>y</b>	<b>™</b>	П
	П	
	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 NO committee. (i.e., nonconnected committee)	Fa separate segregated fund or pa
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.	.)
		·
Joint Fu	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses nel committees/organizations, at least one of which is an authorized committee of a fed	
(h) [	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal ca	
С	ommittees Participating in Joint Fundraiser	
1.		iber C
		iber C
. 2		
3	. FEC ID num	ber C
4	.	ber C

v	Vrite or Type Committee Name						:
<del></del>	Name of Any Connected C	)rganization, Affiliated	Committee, Joint F	undraising Repre	sentative, or	Leadership PAC	Sponsor
ΙF	EDBIIDI, IINCI.	<u>.                                    </u>		<u> </u>	<u> </u>		
L							
	Mailing Address	181510 11 11 1	E S B V R IS	PITKE !			
		SUITE 6	0   2				
	•	VIENNA	1 1 1 1		VA	[221,8,2]-	
			CITY		STATE	ZIP COD	)E
	Relationship: Connected	d Organization Affilia	ated Committee	Joint Fundraising F	Representativ	e Leadership F	PAC Sponsor
7.	Custodian of Records: Identification books and records.	ntify by name, address	(phone number op	tional) and positio	n of the pers	on in possession o	of committee
	Full Name [KARE	N CROWE		<u></u>	<del>                                     </del>	<del>  _   _   _   _   _   _  </del>	<del></del>
	Mailing Address	COMPUSE	ARCH	<del>                                      </del>	<u> </u>	<u> </u>	
	•	21251 PR	1 P 4 E TOP	CIRCE	E, S,V	IT E 10	9
		DULLES	· 		[VA	2,0,1,6,6,-	
	Title or Position		CİTY	;	STATE	ZIP COD	ÞΕ
	[C,0, R, P,0, R, A,7, E]	CONTROL	LER	Telephone numb	per [5 <sub>1</sub> 7	1]-14,4,9]-	14,1,8,8
8.	Treasurer: List the name an any designated agent (e.g., a		per optional) of the	treasurer of the	committee; ar	nd the name and a	address of
	Full Name of Treasurer	EN CROWE	1 1 1 1 1		1 1 1 1 1	L. I . I . I . I	
	Mailing Address	COMPUSE	ARCH	<u> </u>	<u> </u>		
		21251 12	IDGETOP	CIRCL	ا <sup>€</sup> راج	1T 5 10	0
		0,0,448,5	CITY		V <sub>L</sub> A STATE	2, 91, 66- ZIP COD	<u> </u>
	Title or Position	CONTROL	LER	Telephone numb	oer [ <u>5</u> ]	<u> </u>	<u> ५,1,8,</u> 8

FEC FORM I (Nevise	u 02/2009)		rage 4
Full Name of Designated Agent	F <sub>1</sub> R <sub>1</sub> E <sub>1</sub> Y <sub>1</sub>   S <sub>1</sub> H <sub>1</sub> R <sub>1</sub> A <sub>1</sub> D <sub>1</sub> E <sub>1</sub> R <sub>1</sub>	<u> </u>	
Mailing Address	[F E D B 1 D ,   ]N C .	<del>                                     </del>	
	[8,5,0,0, ,c,E,E,S,B,P,E,6, ,P,1,K,E,	1 S1U 11 T1	5, ,6,0,2,,,,,,,
	CITY	VД STATE	ZIP CODE
Title or Position			
[C, C, Q, A, N, D, 6,	C Telephone nu	mber 10	0,3 -[8,3,9]-[7,0,2,5]
		· · · ·	
safety deposit boxes or mai		ttee deposits f	unds, holds accounts, rents
Name of Bank, Depository,	etc.	•	
FIR	SIT, CITITIZENS, BANK,	1 1 1 1 1	
Mailing Address	[8,5,2,1, LE,E,S,B,U,R,G, PIKE		
		<u>                                     </u>	
	V11 E1N N A	$[V_{1}A]$	[2,2,1,6,2]-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
		1-1-1-1	<u>. † † † † † † † . † . † . † . † . † . †</u>
Mailing Address		1 1 1 1 1	
			<u> </u>
	CITY	STATE	ZIP CODE

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FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \tage of \tage

	<del></del>	·		-	
(a) (	or(h). <b>Joint Fundraisin</b>	g Participant:			
,			1	FEC ID number	C
	2.			FEC ID number	C
	3.			FEC ID number	C
	4.			FEC ID number	C
6.	•		ittee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
	[COMPUSEA	K C H			.1. 41. 1. 1. 1. 1. 1. 1.
				<del></del>	1111111111
	Mailing Address	2,1,2,5,1, P,1,0,0	7 E T O P C	1 R C LE	, <u>, , , , , , , , , , , , , , , , , , ,</u>
		[S10, I, T, E, 1, 0,0]			<del></del>
		[0, V, L, L, E, S, L, L, L]		L V A	21011616-
	Relationship:	CITY	<u>,</u>	STATE ▲	ZIP CODE ▲
	Connected	I Organization Affiliated Con	nmittee Joint I	Fundraising Represent	ative Leadership PAC Sponso
3.	Designated Agent: Identify	by name, address (phone num	nber – optional)		
	Full Name				
	Mailing Address		<del></del>		<u>                                     </u>
			<del>                                     </del>	<u> </u>	<del>                                     </del>
			1 !		
	TITLE OR POSITION	▼ CITY ▲		STATE A	ZIP CODE ▲
			Tel	ephone Number	
			<del> </del>		
<b>)</b> .	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other dep intains funds.	ositories in which the	ne committee deposit	s funds, holds accounts, rents
	Name of Bank,				
	Depository, etc.				
	Mailing Address				
					<u></u>
			<del>                                     </del>		
ı		CITY A		STATE ▲	ZIP CODE ▲

## COMPUSEARCH

21251 Ridgetop Circle, Suite 100, Dulles, VA 20166

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