Image# 12971125722 PAGE 1 / 4

FEC FORM 1		STATI ORGA								Off	ice Us	e Only			
NAME OF COMMITTEE (in	n full)	(Check if is change			ole:If typi ne lines.	ng, type	9	12F	E4M	5					
Dow Lohn	es Poli	tical Actio	on Co	mmitt	ee_										
ADDRESS (number a	nd street)	1200 New Hamps	shire Avenu	ue, NW	1 1	1 1	1 1	1 1	1 1	1 1	1 1			1 1	
		Suite 800													
(Check if a is changed)		Washington						DC		200	36		 -L		
			(CITY				STATE	≣		2	ZIP C	ODE		
COMMITTEE'S E-MA	AIL ADDRES		-	mail addre	ess)										
(Check if	address	dlpac@dowlohn	es.com												
is change															
COMMITTEE'S WEE	DACE ADD	DESS (LIDI)													
COMMITTEE'S WEE	PAGE ADD	L L L L L			1 1		1 1		1 1	1 1	1 1				, 1
(Check if is change															
2. DATE 0	4 19	2012	Y												
3. FEC IDENTIFIC	CATION NU	MBER	C co	00346189											
4. IS THIS STATE	MENT X	NEW (N)	OR		AMEN	IDED (A	A)								
I certify that I have	examined thi	s Statement and t	to the best	of my kno	owledge	and bel	lief it is	true,	corre	ct and	сотр	olete.			
Type or Print Name	of Treasurer	Kenneth D. Salo	mon												
71									М	M /	D	D /		Υ	Y
Signature of Treasure	Kenneth er	D. Salomon		[1	Electronic	ally File	<i>d]</i> D	ate	04	4	19	9	Ľ.	2012	2
NOTE: Submission of	false, errone	ous, or incomplete i	nformation	may subjec	ct the per	son sign	ning this	s State	ement t	o the p	penalt	ies of	2 U.S	.C. §	437g.
	F	ANY CHANGE IN IN	NFORMATIO	ON SHOUL	D BE RE	EPORTE	D WIT	HIN 10	DAYS	3.					
I = I		ı	1	- 1											

	Office Use		For further information contact: Federal Election Commission Toll Free 800-424-9530	FEC FORM 1 (Revised 02/2009)
	Only		Local 202-694-1100	(11011004 02/2000)

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye £
Can	ndidate	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. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N		. 3
	Political Action Committee	
	ed Organization, Affiliated Committee, Joint Fundraising Representativ	e, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represer	tative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	person in possession of committee
Christ	opher T. Murray	
	1200 New Hampshire Avenue, NW	
Mailing Address	Suite 800	
	Washington	20036
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	202 776 2000
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committe .g., assistant treasurer).	ee; and the name and address of
	eth D. Salomon	
of Treasurer	1200 New Hampshire Avenue, NW	
Mailing Address		
	Suite 800	
	Washington	20036
Title or Position , Treasurer	CITY STATE	ZIP CODE 202 776 2281
	Telephone number	

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Full Name of Designated Agent Jol	hn T. Byrnes	
Mailing Address	1200 New Hampshire Ave, NW	
g	Suite 800	
	Washington DC 2003	36
	CITY STATE	ZIP CODE
Title or Position Designated Agent	Telephone number 202 –	776 2000
Banks or Other Dep safety deposit boxes	positories: List all banks or other depositories in which the committee deposits funds, h or maintains funds.	holds accounts, rents
Banks or Other Dep safety deposit boxes Name of Bank, Depo	or maintains funds.	holds accounts, rents
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