**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION		
1 Ottown 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type over the lines	12FE4M5	
XM Satellite Ra	adio Inc. Political Action Committee		
ADDRESS (number and s	treet) 1500 Eckington Place NE		
(Check if address			
is changed)	Washington	DC	20002   -
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	jennifer.kunkle@siriusxm.com		
is changed)			
COMMITTEE'S WED I	DAGE ADDRESS (UDL)		
COMMITTEES WEB I	PAGE ADDRESS (URL)  www.xmradio.com		
(Check if address is changed)			
2. DATE	7 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER C C00401992		
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)		
Loortify that I have examin	and this Statement and to the heat of my knowledge and heliof it is true govern	t and complete	
reenily that mave examin	ned this Statement and to the best of my knowledge and belief it is true, correc	and complete	
Type or Print Name of	Freasurer Jennifer Kunkle		
Signature of Treasurer	Electronically Filed by <b>Jennifer Kunkle</b>	Date 0 7	16 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this SANY CHANGE IN INFORMATION SHOULD BE REPORTE	•	
Office Use Only	For further information Federal Election Community Toll Free 800-424-953	mission	FEC FORM 1 (Revised 02/2009)

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	COMMITTEE (Check One)  • 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 information below.)	the candidate
Name of Candidate		
Candidate Party Affili		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political A	Action Committee (PAC):	
(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
	X Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association C	Cooperative
(6)	X In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	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.	or more political
Co	ommittees Participating in Joint Fundraiser	
	1. FEC ID number C	
	2. FEC ID number	
	3. FEC ID number	
	4   FEC ID number C	

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Write or Type Committee Na	ame		
XM Satellite Radio	Inc. Political Action Committee		
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Leadership PAC Sponsor	
XM Satellite Radio II	nc.		1 1
			1 1
Mailing Address	1500 Eckington Place NE		
	Washington	DC 20002 _ 219	94
	CITY▲	STATE ▲ ZIP CODE ▲	
Relationship:		_	
X Connected Organiz	ation Affiliated Committee Joint Fun	draising Representative Leadership PAC Spo	onsor
Mailing Address	1500 Eckington Place NE		
	Washington		
Title or Position ♥	CITY A	STATE A ZIP CODE A	
Mgr. I	Legal Affairs Te	elephone number <u>202</u> - <u>380</u> - <u>19</u>	
			568
name and address o	ame and address (phone number optional) of the fany designated agent (e.g., assistant treasurer).		568
name and address o	of any designated agent (e.g., assistant treasurer).		568
name and address o  Full Name of Treasurer  Ke	of any designated agent (e.g., assistant treasurer).		568
name and address o  Full Name of Treasurer  Ke	evin Joyce  1500 Eckington Place NE		
name and address of Full Name of Treasurer Keessand Mailing Address	evin Joyce  1500 Eckington Place NE  Washington  CITY A		427

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Full Name of Designated Agent	Jennifer Kunkle		
Mailing Address	1500 Eckington Place NE		
	Washington	DC	20002 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Mgr	. Legal Affairs Tel	ephone number	
		e committee denosits funds ho	olds accounts, rents
Banks or Other Dep safety deposit boxes		, dominitioe doposito fando, no	
	or maintains funds.	odnimitee depecte rands, ne	
safety deposit boxes	or maintains funds.		
safety deposit boxes	or maintains funds. sitory, etc.		
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank		
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank	FL	32862   _
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank PO Box 622227		32862   _   ZIP CODE
safety deposit boxes Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank  PO Box 622227  Orlando  CITY △		
safety deposit boxes Name of Bank, Depos  Mailing Address	or maintains funds. sitory, etc.  SunTrust Bank  PO Box 622227  Orlando  CITY △		
safety deposit boxes Name of Bank, Depos  Mailing Address	or maintains funds. sitory, etc.  SunTrust Bank  PO Box 622227  Orlando  CITY △	FL STATE 4	ZIP CODE _
safety deposit boxes Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank  PO Box 622227  Orlando  CITY   sitory, etc.	FL STATE 4	ZIP CODE _
safety deposit boxes Name of Bank, Depos  Mailing Address  Name of Bank, Depos	or maintains funds. sitory, etc.  SunTrust Bank  PO Box 622227  Orlando  CITY   sitory, etc.	FL STATE 4	ZIP CODE _