

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

IRL PAC

ADDRESS (number and street)

P.O. Box 10460

(Check if address is changed)

Burke

VA

22009

0460

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

irlpac@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

12 / 31 / 2006

3. FEC IDENTIFICATION NUMBER

C C00402982

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

Tara Tamargo, Assistant Treasurer

Signature of Treasurer

Electronically Filed by Tara Tamargo, Assistant Treasurer

Date

12 / 31 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

\_\_\_\_\_  
 \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**IRL PAC**

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 **Tara Tamargo, Assistant Treasurer**

Mailing Address **P. O. Box 10460**

**Burke** **VA** **22009**

Title or Position **Assistant Treasurer** **CITY** **STATE** **ZIP CODE**

**Assistant Treasurer** Telephone number **305** **529** **7179**

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 **Mr. Enrique Ros**

Mailing Address **P. O. Box 10460**

**Burke** **VA** **22009** **0460**

Title or Position **Treasurer** **CITY** **STATE** **ZIP CODE**

**Treasurer** Telephone number **305** **529** **7179**

Full Name of Designated Agent **Tara Tamargo, Assistant Treasurer**

Mailing Address **P. O. Box 10460**

**Burke** **VA** **22009**

Title or Position **Assistant Treasurer** **CITY** **STATE** **ZIP CODE**

**Assistant Treasurer** Telephone number **305** **529** **7179**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Chevy Chase Bank**

Mailing Address

**6200 Chevy Chase Drive**

**Laurel**

**MD**

**20707**

CITY ▲

STATE ▲

ZIP CODE ▲