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FEC FORM 1

STATEMENT OF ORGANIZATION

FOR	M 1		O	RGAN	IZATIC	N										
				(See instr	ructions)						Off	fice use	only			
1. NAME COMMI		n full)		(Check if nam is changed)		ample: If ty er the lines	pying, type		12FE	E4M5	5					
Marlo	wePAC									ш					ш	Ш
ADDRESS (number an	d street)	1667	K Street NV	V, Suite 48	0			<u> </u>			11		<u> </u>	Ш	
(Checl	k if addre nged)	ss	Wash	ington				<u></u>]	L DC]	L	20	006		ш	
					CITY	.		S	STATE	•		Z	ZIP CC	DDE 4	_	
	k if addre			provide only o				<u> </u>	<u> </u>	<u> </u>	1 1	1 1				Ц
COMMITTE	E'S WEI	B PAGE A	DDRESS (UF	RL)												
(Checi is char	k if addre nged)	ss				1 1 1	111	<u> </u>						<u> </u>		
2. DATE	м О	м 3	20 / Y	^Y 0 0 9 ^Y												
3. FEC ID	ENTIFIC	ATION N	JMBER		C CO	042655	1									
4. IS THIS	STATE	MENT	X NEW	(N) C	OR	AM	IENDED (A))								
I certify that I h	nave exai	nined this S		to the best of m		ınd belief it	is true, corre	ect and o	comple	ete						
Type or Print	Name o	of Treasure	erT	eresa D Jar	nison											
Signature of	Treasur	er El <u>ect</u>	ronically Filed	by Teres	a D Jamiso	on		D	ate	0	4 /	D 3	50 /	Y	ž 0	0 9 [°]
NOTE: Submi	ission of	false, erron		plete informatio								of 2 U.	S.C. S	437g.		
L	ffice Jse Only					Federal Toll Free	her informat Election Come 800-424-95 12-694-1100	nmissio				FEC (Rev)RM 2/2009		

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5.	TYPE OF COMMITTEE (Check One) Candidate 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 the candidate information below.)											
	Name of Candidate												
	Candidate Party Affil		State District										
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.											
	Name of Candidate	e											
	Party Cor	arty Committee:											
	(d)	(National, State (In this committee is a committee of the	Democratic, epublican,etc.) Party.										
	Political Action Committee (PAC):												
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	organization is a:										
		Corporation Corporation w/o Capital Stock Labor	r Organization										
		Membership Organization Trade Association Coop	perative										
		In addition, this committee is a Lobbyist/Registrant PAC.											
	(f) X		und or party										
		X In addition, this committee is a Lobbyist/Registrant PAC.											
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)											
_	-loint Fund	draising Representative											
	Joint Fundraising Representative:												
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pol 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.											
	Committees Participating in Joint Fundraiser												
		1. FEC ID number C											
		2. FEC ID number											
		3 FEC ID number C											
		FEC ID number C											

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Write or Type Committee Name										
MarlowePAC										
6. Name of Any Connected Org	anization, Affiliated Committee, Joint F	undraising Representative, or	Leadership PAC Sponsor							
NONE										
Mailing Address										
	CITY	STATE ▲	ZIP CODE							
Relationship:										
Connected Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.									
Full Name Teresa	Teresa D Jamison Full Name									
Mailing Address	1667 K Street, NW									
	Suite 480									
	Washington	DC	20006							
Title or Position ▼ Chief Admi	CITY A	STATE A Telephone number	ZIP CODE 1 02 - 775 - 1796							
name and address of any Full Name	and address (phone number option designated agent (e.g., assistant tre		ommittee; and the							
oi rreasurei	1667 K Street, NW									
Mailing Address	Suite 480									
	Washington		20006							
Title or Position ♥	CITY A	STATE A	ZIP CODE A							
Chief Adm	in Officer	Telephone number	02 _ 775 _ 1796							

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	Full Name of Designated Agent	_								
	Mailing Address	S .								
	Title or Position ▼			CITY A	STATE 🛦	ZIP CODE A				
				Teleŗ	phone number					
9.	Banks or Other I safety deposit box	ces or mainta	ins funds.	ner depositories in which the c	ommittee deposits funds, hold	ds accounts, rents				
	Name of Bank, Depository, etc.									
		Wacho	ovia Bank							
	Mailing Address		Connecticut and	I L Avenues						
			Washington		DC	20036				
				CITY 🛕	STATE △	ZIP CODE 🛕				
	Name of Bank, De	epository, etc).							
	Mailing Address									
				CITY 🛆	STATE. △	ZIP CODE 🛕				