FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instructions)	
	· · · · · · · · · · · · · · · · · · ·	Office use only
NAME OF COMMITTEE (in fu		ole: If typying, type ne lines 12FE4M5
INTERNATIONA	AL SIGN ASSOCIATION POLITICAL ACTI	ON COMMITTEE AKA SIGN PAC
ADDRESS (number and str	reet) 1001 N. Fairfax St.	
(Chaple if address	Suite 301	
X (Check if address is changed)	Alexandria	VA 22314 _
COMMITTEE'S E-MAIL	CITY▲ ADDRESS	STATE▲ ZIP CODE ▲
COMMITTEE'S WEB P	AGE ADDRESS (URL)	
www.signs.org		
7038368353	JMBER	
2. DATE 1.0	1 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICAT	TION NUMBER C C003	87928
4. IS THIS STATEME	ENT NEW (N) OR X	AMENDED (A)
I certify that I have examin	ed this Statement and to the best of my knowledge and	belief it is true, correct and complete
Type or Print Name of T	reasurer Lori Anderson	
Signature of Treasurer	Electronically Filed by Lori Anderson	Date 10 / DD / YYYYY
NOTE: Submission of fals	e, erroneous, or incomplete information may subject the	person signing this Statement to the penalties of 2 U.S.C. S437g. ULD BE REPORTED WITHIN 10 DAYS
Office Use Only FE3AN042.PDF		For further information contact: Federal Election Commission Foll Free 800-424-9530 Ocal 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5.			DMMITTEE (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 the information below.)	e candidate
	Name Cand			
	Cand Party	lidate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand	e of lidate		
	Party	Comm		
	(d)			Democratic, Republican,etc.) Party.
	Politi	ical Acti	ion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
			Corporation Corporation w/o Capital Stock Labor	or Organization
			Membership Organization X Trade Association Coc	perative
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fundra	sising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
		Comr	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2. FEC ID number	
			3. FEC ID number	
			4. FEC ID number C	
			FEC ID number C	

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W	rite or Type Committ				
	INTERNATION	AL SIGN A	SSOCIATION POLITICAL ACTION COM	MMITTEE AKA SIGN PAC	
6.	Name of Any Con	nected Orga	nization, Affiliated Committee, Leadership P	AC Sponsor or Joint Fundraisi	ng Representative
	International Sig	gn Associa	ition		
1					
	Mailing Address		1001 N. Fairfax Street		
			Suite 301		
			Alexandria	L YA L	22314 _
			CITY	STATE A	ZIP CODE
	Relationship:				
	X Connected Or	ganization	Affiliated Committee Leaders	ship PAC Sponsor Joint	Fundraising Representative
7.	possession of C		tify by name, address, (phone number ooks and records. lerson 1001 N. Fairfax Street	optional), and position of the	e person in
	Mailing Address		Suite 301		
			Alexandria	VA	22314 _
	Title or Position ▼		CITY A	STATE	ZIP CODE A
	т	reasurer	<u> </u>	Telephone number	- <u>836</u> - <u>4012</u>
8.			nd address (phone number optional) of designated agent (e.g., assistant treasure		tee; and the
	Full Name of Treasurer	Lori And	lerson		
	Mailing Address		1001 N. Fairfax Street		
			Suite 301		
			Alexandria		22314
	Title or Position ♥		CITY A	STATE. ▲	ZIP CODE A

703

Telephone number

836

4012

Treasurer

<u> </u>	ised 12/2007)		Page 4
Full Name of Designated Agent	David Hickey		
Mailing Address	1001 N. Fairfax St.		
	Suite 301		
	Alexandria	VA	22314 –
Title or Position ▼	CITY A	STATE A	ZIP CODE A
Assist	ant Treasurer Te	elephone number	
Banks or Other Depos	itories: List all banks or other depositories in which the	e committee deposits funds, h	nolds accounts, rents
safety deposit boxes or r	maintains funds.		
safety deposit boxes or r Name of Bank, Deposito			
Name of Bank, Deposito			
Name of Bank, Deposito	ery, etc.		
Name of Bank, Deposito	vry, etc. /achovia Bank 1970 Chain Bridge Road		
Name of Bank, Deposito	vry, etc. /achovia Bank 1970 Chain Bridge Road		
Name of Bank, Deposito	/achovia Bank 1970 Chain Bridge Road		
Name of Bank, Deposito	/achovia Bank 1970 Chain Bridge Road McLean CITY △	YA	22102 _
Name of Bank, Deposito W Mailing Address	/achovia Bank 1970 Chain Bridge Road McLean CITY △	YA	22102 _
Name of Bank, Deposito W Mailing Address	/achovia Bank 1970 Chain Bridge Road McLean CITY △	VA STATE △	22102
Name of Bank, Deposito Mailing Address Name of Bank, Deposito	McLean CITY A	VA STATE △	22102 _ ZIP CODE _A
Name of Bank, Deposito Mailing Address Name of Bank, Deposito	McLean CITY A	VA STATE △	22102