| FEC<br>FORM 1   | STATEMEN<br>ORGANIZA          | _  | PAGE<br>Office Use Only                                   | 1/6       |
|---|-------------------------------|--|---|-----------|
| 1. NAME OF<br>COMMITTEE (in full)                           | (Check if name<br>is changed) | Example: If typing, type over the lines.   | 12FE4M5   |           |
|   | , Inc. Fund - Fed             | eral (DIRECTV P  | AC)   |           |
|   | 1208 S. AKARD STREET          |  |   |           |
| ADDRESS (number and street)                                 | SUITE 2701                    |  |   |           |
| is changed)   | Dallas<br>CITY ▲              |  | TX     75202       STATE ▲     ZIP CODE                   |           |
| COMMITTEE'S E-MAIL ADDRE                                    | SS                            |  |   |           |
| (Check if address is changed)                               | achew@att.com                 |  |   |           |
|   | Optional Second E-Mail Add    | ress   |   |           |
| COMMITTEE'S WEB PAGE AD<br>(Check if address<br>is changed) | DRESS (URL)                   |  |   |           |
| 2. DATE 12 / 1  |                               |  |   |           |
| 3. FEC IDENTIFICATION N                                     | UMBER ► C co                  | 0331991  |   |           |
| 4. IS THIS STATEMENT  | NEW (N) OR                    | × AMENDED (A)  |   |           |
| I certify that I have examined the                          | his Statement and to the best | of my knowledge and belief it i  | s true, correct and complete.                             |           |
| Type or Print Name of Treasure                              | r Jonathan P Klug             |  |   |           |
| Signature of Treasurer                                      | than P Klug                   | [Electronically Filed]   |   | 015       |
| NOTE: Submission of false, erron                            |                               | nay subject the person signing th<br>NN SHOULD BE REPORTED WI  | is Statement to the penalties of 2 U.S.(<br>THIN 10 DAYS. | C. §437g. |
| Office<br>Use<br>Only                                       |                               | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100 |   |           |

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| -    |                       |  |
|------|-----------------------|--|
|      | FEC Fo                | rm 1 (Revised 02/2009) Page 2  |
| TYP  | PE OF C               | OMMITTEE   |
| Cai  | 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. (Complete the candidate information below.)  |
|      | ne of<br>didate       | L  |
|      | didate<br>y Affiliati | on Office State State President  |
| ran  | y Annau               | District   |
| (C)  |                       | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
|      | ne of<br>didate       |  |
| Par  | rty Con               | mittee:  |
| (d)  |                       | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.) Party.  |
| Pol  | itical A              | ction 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  |
|      |                       | Membership Organization Trade Association Cooperative  |
|      |                       | 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 segregated fund or party committee. (i.e., nonconnected committee)  |
|      |                       | In addition, this committee is a Lobbyist/Registrant PAC.  |
|      |                       | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |
| Joir | nt Fund               | raising Representative:  |
| (g)  |                       | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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.         |
|      | Com                   | mittees Participating in Joint Fundraiser  |
|      | 1.                    | FEC ID number  |
|      | 2.                    | FEC ID number  |
|      | 3.                    | FEC ID number  |
|      | 4.                    | FEC ID number  |
|      |                       |  |

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Write or Type Committee Name

## DIRECTV Group, Inc. Fund - Federal (DIRECTV PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| Ţ  | he DIRECTV                            | Group, I       | nc.          |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|----|---------------------------------------|----------------|--------------|-----------|---------|-------|--------|--------|-------|-------|-----------|---------|-------|---------------------|--------|--------|-------|------|------|-------|------|--------|
| I  |                                       |                |              |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    | Mailing Address                       |                | 2230 E. Impe | erial Hig | hway    |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    |                                       |                | El Segundo   |           | C       | ITY   |        |        |       |       |           |         |       | A<br>A<br>A<br>TATE |        | 902    | 245   | ZIF  |      | <br>- |      |        |
|    | Relationship: X                       | Connected      | Organization | Aff       | iliated | l Con | nmitte | e      | Jo    | int F | -<br>undı | raising | j Rep | resei               | ntativ | /e     | Le    | ader | ship | PAC   | C Sp | onsor  |
| 7. | Custodian of Red<br>books and records |                | ify by name, | address   | s (pho  | one r | numbe  | er (   | optic | onal) | ) and     | posit   | ion o | f the               | per    | son i  | n po  | sses | sion | of c  | com  | mittee |
|    | Full Name                             |                |              |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    | Mailing Address                       |                |              |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    |                                       |                |              |           |         |       |        |        |       |       |           |         |       |                     | I      |        |       |      |      |       |      |        |
|    |                                       |                |              |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      | - [   |      |        |
|    | Title or Position                     |                |              |           | CI      | ITY   |        |        |       |       |           |         | STA   | ΤE                  |        |        |       | ZIP  | CO   | DE    |      |        |
|    |                                       |                |              |           |         |       |        |        |       | Tele  | phor      | ie nur  | nber  | L                   |        |        | - [_  | _    |      | ·∟    |      |        |
| 8. | Treasurer: List the any designated ag |                |              |           | nber ·  | op    | tional | ) of t | he ti | reas  | urer      | of the  | e com | nmitte              | ee; a  | nd th  | ne na | ime  | and  | addi  | ress | of     |
|    | Full Name<br>of Treasurer             | Jonathan P     | Klug         |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    | Mailing Address                       |                | 208 S. Akaro | d Street  |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    |                                       |                | Suite 2701   |           |         |       |        |        |       |       |           |         |       |                     |        |        |       |      |      |       |      |        |
|    |                                       |                | Dallas       |           | CI      | TY    |        |        |       |       |           |         | STA   | TE                  |        | 752    | 202   | ZIP  | <br> |       |      |        |
|    | Title or Position<br>Sr VP & Treasure | 9 <b>r</b><br> |              | 1 1 1     | _   _   |       |        |        | -     | Tele  | phon      | e nun   |       | L                   | 214    | 4<br>· | - [_  | 757  |      |       | 32   | 30     |

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| Full Name of<br>Designated<br>Agent |                                   |
|-------------------------------------|-----------------------------------|
| Mailing Address                     | 1120 20th Street NW, 8th Floor    |
|                                     |                                   |
|                                     | Washington                        |
|                                     | CITY STATE ZIP CODE               |
| Title or Position                   | Irer         4618            4618 |

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.

| Wells F                   | Fargo         |                |   |
|---------------------------|---------------|----------------|---|
| Mailing Address           | P.O. Box 6995 |                |   |
|                           |               |                |   |
|                           | Portland      | OR 97228-6995  |   |
|                           | CITY          | STATE ZIP CODE |   |
| Name of Bank, Depository, | etc.          |                | _ |
|                           |               |                |   |
| Mailing Address           |               |                |   |
|                           |               |                |   |
|                           |               |                |   |
|                           | CITY          | STATE ZIP CODE |   |

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

| FEC Form | 1G (Revised 06/2011) |  |
|----------|----------------------|--|

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| Banks or Other Depositor<br>safety deposit boxes or ma            |   | nmittee deposits funds, h | olds accounts, rents               |
|---|---|---------------------------|------------------------------------|
| Name of Bank, Depository,   |   |                           | [ ADDITIONAL ]                     |
|   |   |                           |                                    |
| Mailing Address   |   |                           |                                    |
|   |   |                           |                                    |
|   |   |                           |                                    |
|   | CITY 🗖  | STATE 🗖                   | ZIP CODE 🔺                         |
|   | Organization, Affiliated Committee, Joint Fundraising R<br>Political Action Committee | Representative, or Lead   | [ ADDITIONA<br>ership PAC Sponsor  |
|   |   |                           |                                    |
|   |   |                           |                                    |
| Mailing Address   | 208 S. Akard Street   |                           |                                    |
|   | Suite 2701  |                           |                                    |
|   | Dallas  |                           | <sup>75202</sup>                   |
|   | CITY  | STATE 📥                   | ZIP CODE 📥                         |
| 21 A A  |   |                           |                                    |
| tionship:<br>Connected Organization                               | X Affiliated Committee Joint Fundraising R  | Representative Lea        | dership PAC Sponsor                |
| Connected Organization  | X Affiliated Committee Joint Fundraising R  | Representative Lea        |                                    |
|   | Affiliated Committee Joint Fundraising R  | Representative Lea        |                                    |
| Connected Organization Designated Agent                           | Affiliated Committee Joint Fundraising R  | Representative Lea        |                                    |
| Connected Organization Designated Agent Full Name                 | Affiliated Committee Joint Fundraising R  | Representative Lea        |                                    |
| Connected Organization Designated Agent Full Name                 | Affiliated Committee Dint Fundraising R   | Representative Lea        | dership PAC Sponsor [ ADDITIONAL ] |
| Connected Organization Designated Agent Full Name Mailing Address |   |                           | [ ADDITIONAL ]                     |

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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|--|---|-------------------------|--|
| Banks or Other Depositorion<br>safety deposit boxes or main<br>Name of Bank, Depository, e | ntains funds.   |                         | olds accounts, rents [ ADDITIONAL ]              |
|  |   |                         |  |
| Mailing Address  |   |                         |  |
|  |   |                         |  |
|  |   |                         |  |
|  | CITY 🗖  | STATE 🗖                 | ZIP CODE 🔺                                       |
| •  | Drganization, Affiliated Committee, Joint Fundraising | Representative, or Lead | [ ADDITIONAL<br>ership PAC Sponsor               |
|  |   |                         |  |
|  |   |                         |  |
| Mailing Address  | 45 Erieview Plaza                                     |                         |  |
|  | Room 1600   |                         |  |
|  |   |                         |  |
|  | Cleveland   |                         | <u>                                      </u>    |
|  | Cleveland   |                         | <u>↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ </u>    |
| lationship:<br>Connected Organization  |   |                         |  |
| Connected Organization   |   |                         |  |
|  |   |                         | <b>ZIP CODE</b>                                  |
| Connected Organization Designated Agent  |   |                         | <b>ZIP CODE</b>                                  |
| Designated Agent   |   |                         | LIII - LIII<br>ZIP CODE 📥<br>dership PAC Sponsor |
| Connected Organization Designated Agent Full Name  |   |                         | <b>ZIP CODE</b>                                  |
| Connected Organization Designated Agent Full Name  |   |                         | <b>ZIP CODE </b>                                 |

Joint Fundraiser Participant [ADDITIONAL]