| FEC<br>FORM 1                                    | STATEMENT OF<br>ORGANIZATION  | Office Use Only                  |  |  |
|--|---|----------------------------------|--|--|
| 1. NAME OF<br>COMMITTEE (in 1                    | full) (Check if name Example: If typing, type over the lines.   | 12FE4M5                          |  |  |
| Skadden A  | rps Political Action Committee  |                                  |  |  |
|  | 1440 New York Avenue, NW  |                                  |  |  |
| ADDRESS (number and                              | d street)   |                                  |  |  |
| (Check if add<br>is changed)                     | IressWashington   | DC 20005                         |  |  |
|  | CITY  | STATE ZIP CODE                   |  |  |
| COMMITTEE'S E-MAIL<br>(Check if a<br>is changed) |   |                                  |  |  |
| COMMITTEE'S WEB F                                | PAGE ADDRESS (URL)  |                                  |  |  |
| (Check if ad<br>is changed)                      |   |                                  |  |  |
| 2. DATE 01                                       | /         D         /         Y         Y         Y           30         2012   |                                  |  |  |
| 3. FEC IDENTIFICA                                | 3. FEC IDENTIFICATION NUMBER C C00232629  |                                  |  |  |
| 4. IS THIS STATEMENT NEW (N) OR AMENDED (A)      |   |                                  |  |  |
| I certify that I have ex                         | amined this Statement and to the best of my knowledge and belief i  | t is true, correct and complete. |  |  |
| Type or Print Name of                            | Treasurer James C. Hecht  |                                  |  |  |
| Signature of Treasurer                           | James C. Hecht [Electronically Filed]   | Date 01 30 2012                  |  |  |
| NOTE: Submission of fa                           | lse, erroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED W |                                  |  |  |
| Office<br>Use<br>Only                            | For further information of<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100                  |                                  |  |  |

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|----------------------------|--|
| FEC F                      | Form 1 (Revised 02/2009) Page 2  |
| TYPE OF                    | COMMITTEE  |
| Candidat                   | te 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<br>Candidate       |  |
| Candidate<br>Party Affilia | ation Office Sought: House Senate President District   |
| (c)                        | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |
| Name of<br>Candidate       |  |
| Party Co                   | ommittee:  |
| (d)                        | This committee is a(National, State<br>or subordinate) committee of the(Democratic,<br>Republican, etc.) F   |
| Political                  | Action Committee (PAC):  |
| (e)                        | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizatio   |
|                            | Corporation Corporation w/o Capital Stock Labor Organizati   |
|                            | Membership Organization Trade Association Cooperative  |
|                            |  |
| _                          | In addition, this committee is a Lobbyist/Registrant PAC.  |
| (f) X                      | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or provide 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.)   |
| Joint Fun                  | ndraising 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.         |
| Cor                        | mmittees Participating in Joint Fundraiser   |
| 1.                         |  |
| 2.                         | FEC ID number  |
| 3.                         | FEC ID number  |
| 4.                         | FEC ID number  |

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Skadden Arps Political Action Committee

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

| Mailing Address   |      |       |          |  |
|---|------|-------|----------|--|
|   |      |       |          |  |
|   |      |       |          |  |
|   | CITY | STATE | ZIP CODE |  |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor |      |       |          |  |

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Brian D           | Flynn                                       |
|-------------------|---|
| Full Name         |   |
| Mailing Address   | 1440 New York Ave. NW                       |
|                   |   |
|                   | Washington         DC         20005-2131    |
| Title or Position | CITY STATE ZIP CODE                         |
| Custodian         | 202     371     7144       Telephone number |

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<br>of Treasurer      | James C. Hecht                                     |
|--------------------------------|--|
| Mailing Address                | 1440 New York Ave. NW                              |
|                                |  |
|                                | Washington         DC         20005-2131         - |
|                                | CITY STATE ZIP CODE                                |
| Title or Position<br>Treasurer | Telephone number     202     371     7370          |

| Full Name of<br>Designated<br>Agent |   |
|-------------------------------------|---|
| Mailing Address                     | 1440 New York Ave. NW                                 |
|                                     |   |
|                                     | Washington         DC         20005-2131              |
|                                     | CITY STATE ZIP CODE                                   |
| Title or Position Asst. Treasurer   | Telephone number     202     -     371     -     7007 |

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.

| Citibar                   | nk                |       |          |
|---------------------------|-------------------|-------|----------|
| Mailing Address           | 1 Citicorp Center |       |          |
|                           | 153 E 53rd Street |       |          |
|                           | New York          | NY    | 10043    |
|                           | CITY              | STATE | ZIP CODE |
| Name of Bank, Depository, | etc.              |       |          |
|                           |                   |       |          |
| Mailing Address           |                   |       |          |
|                           |                   |       |          |
|                           |                   |       |          |
|                           | CITY              | STATE | ZIP CODE |