FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	'	RGANIZA	_	N							
		(See instruction	ıs)					Office us	e only		
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Exam over	nple: If typying, the lines	type	12FE	4M5				
Gore/Lieberm	nan General Electi	on Legal and Ac	countin	g Complian	ce Fund						لب
						للل			ш		ш
ADDRESS (number and	street)	Conneticut Ave				ш					
(Check if add	ress	300				ш					لب
is changed)		hington				PC	L	2	0036	ـــــا	لب
			CITY			STATE.	_		ZIP CO	DE 📥	
COMMITTEE'S E-MA											
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						ىب	ш		ш	لللل	لب
COMMITTEE'S WEE	PAGE ADDRESS (U	RL)									
											لــــا
					111				1 1 1		
COMMITTEE'S FAX	NUMBER										
با لبنا	سيا لي										
2. DATE <b>M</b>	M / D D / Y	2006									
3. FEC IDENTIFIC	ATION NUMBER	C	C C00	342212							
4. IS THIS STATE	MENT X NEV	J (N) OR		AMENDE	D (A)						
I certify that I have exan	nined this Statement and	to the best of my know	wledge and	d belief it is true,	correct and	d complet	e				
		lose Villarreal									
Type or Print Name of	Treasurer	iose vilialiteal									
Signature of Treasure	r Electronically File	d by <b>Jose Villar</b>	real		!	Date	<b>0</b> 9 <b>0</b>	/ D	<b>0</b> <sup>D</sup> <b>8</b> /	Ý Ž	0 6
NOTE: Submission of fa		nplete information may							J.S.C. S4	37g.	
Office Use Only				For further info Federal Election Toll Free 800-4 Local 202-694-	n Commissi 24-9530				C FOI		

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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 candinformation below.)	didate
	Name of Al Gore Candidate	
	Party Affiliation DEM Sought: House Senate X President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		ocratic, blican,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 committee.	or party
6.	Name of Any Connected Organization or Affiliated Committee	
L		
L		
	Mailing Address	
	CITY▲ STATE ▲ ZIF	CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organization	
	Membership Organization Trade Association Cooperative	

Title or Position ♥

**Assistant Treasurer** 

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Write or Type Committee Name			
Gore/Lieberman Gener	ral Election Legal and Accounting Compl	iance Fund	
Custodian of Records: Id possession of Committee	entify by name, address, (phone number or books and records.	optional), and position of th	ne person in
Full Name Allison	n Sharpe		
Mailing Address	1133 Conneticut Ave		
	Suite 300		
	Washington	DC	20036
Title or Position ♥	CITY A	STATE▲	ZIP CODE A
Assistant	Treasurer		
		Telephone number	
	e and address (phone number optional) of y designated agent (e.g., assistant treasurer)		ittee; and the
name and address of any Full Name			ittee; and the
name and address of any Full Name of Treasurer	/ designated agent (e.g., assistant treasurer)		ittee; and the
name and address of any	/ designated agent (e.g., assistant treasurer) /illarreal1133 Conneticut Ave		ittee; and the
name and address of any Full Name of Treasurer	/ designated agent (e.g., assistant treasurer) //illarreal	).	
name and address of any Full Name of Treasurer	/ designated agent (e.g., assistant treasurer) /illarreal1133 Conneticut Ave		20036
name and address of any Full Name of Treasurer	/ designated agent (e.g., assistant treasurer) //illarreal	).	
name and address of any  Full Name of Treasurer  Mailing Address	/ designated agent (e.g., assistant treasurer) //illarreal  1133 Conneticut Ave  Suite 300  Washington  CITY A		20036
name and address of any Full Name of Treasurer  Mailing Address  Title or Position ▼	/ designated agent (e.g., assistant treasurer) //illarreal  1133 Conneticut Ave  Suite 300  Washington  CITY A		20036
name and address of any  Full Name of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	/ designated agent (e.g., assistant treasurer) //illarreal  1133 Conneticut Ave  Suite 300  Washington  CITY A		20036
name and address of any  Full Name of Treasurer  Mailing Address  Title or Position ▼  Treasurer  Full Name of Designated	/ designated agent (e.g., assistant treasurer) //illarreal		20036

Washington

CITY A

20036 \_

ZIP CODE A

DC

STATE A

Telephone number

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9.	Banks or Other I						bar	nks	or o	othe	er d	epo	sito	ries	s in	wh	iich	the	e cc	mn	nitte	e d	ерс	sits	s fu	nds	, ho	olds	ac	cou	nts	, re	nts			
	Name of Bank, D	eposit	ory,	etc.																																
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	Mailing Address				Ι.				1		1		1				1					1								1		1		ı		
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