FEC

STATEMENT OF

FORM 1	ORGANIZATION		
1 Olliwi 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name Example: If over the line	f typying, type es 12FE4M5	
CAREER COL	EGE ASSOCIATION POLITICAL ACTION COI	MMITTEE	
ADDRESS (number and s	treet) 1101 Connecticut Avenue, NW		
(Check if address	Sujte 900	<u> </u>	1 1 1 1 1 1 1 1 1 1
is changed)	WASHINGTON	LILLI [PC]	20036
	CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAI	_ ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	BrianN@career.org		
COMMITTEE'S WEB I	PAGE ADDRESS (URL)		
(Check if address	www.ccapac.org		
is changed)			
2. DATE 0.7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICATION	TION NUMBER C C002130	166	
4. IS THIS STATEM	ENT NEW (N) OR X A	AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief	f it is true, correct and complete	
,	, ·	,	
Type or Print Name of	Freasurer Mr. Francis Voigt		
Signature of Treasurer	Electronically Filed by Mr. Francis Voigt	Date 03	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the pers		
Office		urther information contact:	
Use Only	Federa	ral Election Commission ree 800-424-9530	FEC FORM 1 (Revised 02/2009)

	F	FEC F	Form 1 (Revised 02/2009)	Page 2
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 information below.)	the candidate
	Name Candi			
	Candi Party	idate Affiliatio	on Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			
	Party	Party Committee:		
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Politic	cal Act	ion Committee (PAC):	
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
			Corporation Corporation w/o Capital Stock La	abor Organization
			Membership Organization X Trade Association C	ooperative
			χ In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	loint E	Eundra	ising Representative:	
		unura		
(g)		Ш	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
		Com	mittees Participating in Joint Fundraiser	
			1. FEC ID number C	
			2. FEC ID number C	
			3. FEC ID number C	
			EEC ID number	

Write or Type Committee Name

ame of Any Connected Org	ganization, Affiliated Committee, Joint Fu	ndraising Representative, or Leade	ership PAC Sponsor	
areer College Associati	on			
1 1 1 1 1 1 1 1	<u> </u>		1 1 1 1 1 1 1 1	
ailing Address	1101 Connecticut Avenue, NW			
	Suite 900		1 1 1 1 1 1 1 1	
	Washington		20036 _	
	CITY▲	STATE ≜	ZIP CODE	
elationship:				
Connected Organization	Affiliated Committee J	oint Fundraising Representative	Leadership PAC Sponsor	
ossession of Committee	books and records.	per optional), and position of th	ne person in	
ull Name Mr. Gre	egory Rovick			
ailing Address	1101 Connecticut Aver	nue, NW		
	Suite 900			
	Washington	DC	20036	
itle or Position ▼	CITY A	STATE	ZIP CODE A	
Governme	nt Relations	Telephone number	- <u>336</u> - <u>6746</u>	
		· ·	ttee; and the	
ull Name f Treasurer Mr. Fra	ancis Voigt			
failing Address	250 Main Street			
	Montpelier		05602	
itle or Position ♥	CITY A	STATE	ZIP CODE A	
	elationship: Connected Organization ustodian of Records: Ideossession of Committee ull Name ailing Address itle or Position Governme Greasurer: List the name ame and address of any ull Name f Treasurer Mr. Fra Mr. Fra Mailing Address	ailing Address 1101 Connecticut Averaling Address 1101 Connecticut Averaling Address 1101 Connecticut Averaling Affiliated Committee July Affiliated Committee	ailing Address 1101 Connecticut Avenue, NW	

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	Full Name of Designated Agent	Jonathan Liebman					
	Mailing Address	19900 West Nine Mile Road	19900 West Nine Mile Road				
		Southfield	MI	48075 –			
	Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A			
	Assis	stant Treasurer Telephor	ne number				
9.	safety deposit boxes o Name of Bank, Deposi	tanks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents afety deposit boxes or maintains funds. lame of Bank, Depository, etc. Wachovia Bank, N.A.					
	Mailing Address	P.O. Box 563966					
		Charlotte	NC L	28262 _ 3966			
		CITY 🙇	STATE △	ZIP CODE 🛕			
	Name of Bank, Deposi	itory, etc.					
	Mailing Address						
		CITY 🗖	STATE ⊿	ZIP CODE 🛕			