						RECEI FEC MAIL	
						2011 JUN 23	AM 10: 03
FEC FORM 1	1	STATEM ORGANI (See instri	ZATIO			Office use only	
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		ample: If typying, type er the lines	12FĘ4M	5	
The Depositor	y Trust & Clear	ng Corporatio	n PAC - [
ADDRESS (number and a (Check if address is changed)	street)	13th St., NW te 580 South shington				20005 20005 20005	
COMMITTEE'S E-MA (Check if address is changed)	llie	se provide only o ker@hdafec.c		-	STATE▲		⋷▲ └╶┎╶┎┎╶╻
COMMITTEE'S WEB (Check if address is changed)			<u> </u>		<u></u>		
 DATE 0.6 FEC IDENTIFICA IS THIS STATEM 	45 g		C	AMENDED (A)	÷		
I certify that I have exam Type or Print Name of	f Treasurer	Larry E. Tho	mpson	and belief it is true, correct a			· · · · · · ·
Signature of Treasure NOTE: Submission of fa	······································	Filed by Larry		son		C 2 2 2	
Office Use				For further information Federal Election Commi		FEC FOR	RM 1

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Only

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FEC	Form 1 (Revised 02/2009)			Page 2
	OMMITTEE (Check One)			
· * *			e esadidate informatio	
(a)	This committee is a principal campai	gn committee. (Complete th		on below.)
(b)	This committee is an authorized com information below.)	mittee, and is NOT a princip	bal campaign committe	ee. (Complete the candidate
Name of Candidate		<u> </u>		┕╴┼╶╿╶╿╶┦╶┨╸┨╸╿╶╢╶┨╴┹
Candidate Party Affilia	tion Office Sought:	House	Senate	State President District
(c) [.]	This committee supports/opposes on	ly one candidate, and is NO	T an authorized comm	nittee.
Name of Candidate		<u>_l.l.l.l.l.l.l.l.l.l.</u>	. 1 1 1 1 1 1	
Party Com	mittee:			
(d) .	This committee is a	(National, State (or subordinate) com	mittee of the	(Democratic, Republican,etc.) Party
Political A	tion Committee (PAC):			
(e) X	This committee is a separate segrega	ated fund. (Identify connecte	d organization on line	6.) Its connected organization is a:
	X Corporation	Corporation w/o	Capital Stock	Labor Organization
	Membership Organization	Trade Associatio	n	Cooperative
.	In addition, this committee	e is a Lobbyist/Registrant PA	NC.	
(f)	This committee supports/opposes mo committee. (i.e., nonconnected comm		ate, and is NOT a sep	arate segregated fund or party
	In addition, this committee is a l	_obbyist/Registrant PAC.		
	In addition, this committee is a l	esdership PAC /Identify sr	onsor on line 6)	
		-eauership FAC. (identity sp		
Joint Fundr	aising Representative:			
(g)	This committee collects contributions, committees/organizations, at least on			
(h)	This committee collects contributions, committees/organizations, none of wh			
Cor	nmittees Participating in Joint Fundraise	r	P	ကြည့် အရှေ့ မကျက်သည့် ၂ နောင်း စက်ကြားနှ
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Write or Type Committee Name

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The Depository Trust & Clearing Corporation PAC - DTCC PAC

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

Mailing Address	55 Water Street			
	New York			10041
	СІТҮ		STATE 🙏	ZIP CODE 🛦
Relationship:				
X Connected Organization	, Affiliated Committee Joint	Fundraising Re	epresentative	Leadership PAC Spor
Custodian of Records: Ide	entify by name, address, (phone number		•.	
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Custodian of Records: Ide possession of Committee	entify by name, address, (phone number books and records.		•.	
Custodian of Records: Ide possession of Committee Full Name	entify by name, address, (phone number books and records. 		•.	
Custodian of Records: Ide possession of Committee Full Name	entify by name, address, (phone number books and records. : Thompson 55 Water Street		•.	
Custodian of Records: Ide possession of Committee Full Name	entify by name, address, (phone number books and records. Thompson 55 Water Street 22nd Floor		nd position of th	ne person in

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 of Treasurer Larry E. Thon	npson		
Mailing Address	55 Water Street		
	22nd Floor	· · · · · · · · · · · · · · · · · · ·	
	New York	NY	10041
Title or Position ♥	CITY A	STATE	
Treasurer		Telephone number 212	855 _ 3240

FEC Form 1 (Revis	ed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ¥			
		one number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds.	mmittee deposits funds,	holds accounts, rents
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Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
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PREPARER (3/2005)	DATE PREPARED