Image# 14941799904				07/15/2014 13 : 24
FEC FORM 1	STATEMEI ORGANIZ		0.55	PAGE 1 / 4
1. NAME OF	(Check if name	Example:If typing, type		ce Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Dickstein Shapin				<u> </u>
ADDRESS (number and street)	1825 Eye Street, NW			
(Check if address	1			
is changed)	Washington		DC 2000)6
	CITY A		STATE A	
COMMITTEE'S E-MAIL ADDF	RESS			
X (Check if address	carrierj@dicksteinshap	piro.com		
is changed)	Optional Second E-Mail Ad	dress		
	thomass@dicksteins			
COMMITTEE'S WEB PAGE A (Check if address is changed)				· · · · · · · · · · · · · · · · · · ·
2. DATE 07	15 / Y Y Y Y 2014			
3. FEC IDENTIFICATION	NUMBER ► C C	00110197		
4. IS THIS STATEMENT	X NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct and	complete.
Type or Print Name of Treasu	rer Mr. Henry C. Cashen II			
Signature of Treasurer	. Henry C. Cashen II	[Electronically Filed]	Date 07	D D / Y Y Y Y 15 2014
NOTE: Submission of false, erro	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing t ON SHOULD BE REPORTED W		penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

07/15/2014 13 : 24

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FEC	Form 1 (Revised 02/2009)	Page 2
TYPE O	COMMITTEE	
Candic	ate 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. (Complein information below.)	ete the candidate
Name of Candidat	€	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	€	
Party C	ommittee:	
(d)		emocratic, publican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conne	cted organization is a
	Corporation Corporation w/o Capital Stock	_abor Organization
	Membership Organization	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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.)	
Joint F	Indraising Representative:	
(g)	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
C	ommittees Participating in Joint Fundraiser	
1		
2	FEC ID number	
3	FEC ID number	
4	FEC ID number	

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Write or Type Committee Name

Dickstein Shapiro LLP PAC

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

Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fu	Indraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optional) a	and position of the person in	n possession of committee
	C. Cashen II		
Full Name			
Mailing Address	1825 Eye Street, NW		

	Washington		20006
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	02 420 2213

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	Mr. Henry C. Cashen II
of Treasurer	
Mailing Address	1825 Eye Street, NW
	Washington DC 20006
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 202 420 2213

Full Name of Designated Agent	Scott Thoma	S																						
Mailing Address	L	1825 I Street N	W																					
	L																							
	L	Washington]	Ľ	200	06			-L			
				С	ITY							Ś	STAT	E					ZIF	CC	DDE			
Title or Position	urer							Tel	eph	one	nu	ımb	er	l	2	02			420		-L	20	601	

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.

	Bank of America		
Mailing Address	1801 K Street, NW		
	Washington		
	CITY	STATE ZIP CODE	
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE ZIP CODE	