FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only					
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5					
Dell Inc. Emplo	oyee Political Action Committee						
ADDRESS (number and s							
(Check if addre is changed)	Sujte,300						
COMMITTEE'S E-MAI	- <u> </u>	STATE▲ ZIP CODE ▲					
pac@dell.com							
COMMITTEE'S WEB I	PAGE ADDRESS (URL)						
COMMITTEE'S FAX N 202-408-7664							
2. DATE 0 5	/ D D / Y Y Y Y 15 / 2008						
3. FEC IDENTIFICA	TION NUMBER C C00369751						
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)							
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	complete					
Type or Print Name of ⁻	Treasurer Becca Gould						
Signature of Treasurer	Electronically Filed by Becca Gould	Date 05 / 15 / Y Y Y Y 0 5 / 15					
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED W						
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100						

	n 1 (Revised 02/2003)	Page 2
TYPE OF COM	MMITTEE (Check One)	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	v.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	1	
Candidate Party Affiliatior	n Office Sought: House Senate Pres	State sident District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
(d)	This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Pa
(e) X	This committee is a separate segregated fund	
(f)	This committee connects (appears more than one Federal condidets, and is NOT a concrete as	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee.	egregated fund or party
		egregated fund or party
Name of Any	committee.	egregated fund or party
	committee.	egregated fund or party
Name of Any	committee.	egregated fund or party
Name of Any	Connected Organization or Affiliated Committee	egregated fund or party
Name of Any Dell Inc.	Connected Organization or Affiliated Committee	egregated fund or party
Name of Any Dell Inc.	Connected Organization or Affiliated Committee	egregated fund or party
Name of Any Dell Inc.	committee. Connected Organization or Affiliated Committee ss One Dell Way	
Name of Any	committee.	
Name of Any	committee. Connected Organization or Affiliated Committee ss One Dell Way ss I None Dell Way I TX CITY▲ STATE▲	
Name of Any	committee. Connected Organization or Affiliated Committee ss One Dell Way Round Rock TX CITY STATE Connected Organization ected Organization	· · · · · · · · · · · · · · · · · · ·
Name of Any	committee. Connected Organization or Affiliated Committee ss One Dell Way Round Rock TX CITY STATE Connected Organization ected Organization	

N/	FEC Form 1 (Revise			Page 3	
vri	te or Type Committee Nan				
	Dell Inc. Employee Political Action Committee Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.				
	Full Name	Katie Leesman			
	Mailing Address	1225 Eye Street NW			
		Suite 300			
		Washington	DC	20005 _	
	Title or Position ▼	CITY A	STATE	ZIP CODE 🛦	
	PAC Ac	dministrator	202 Telephone number	408 9582	
		me and address (phone number optional) any designated agent (e.g., assistant treasu		ttee; and the	
	Full Name	ca Gould			
	of Treasurer Bec	ca Gould 1225 Eve Street, NW			
	Boo	ca Gould 1225 Eye Street, NW Suite 300			
	of Treasurer Bec	1225 Eye Street, NW	DC	20005	
	of Treasurer Bec	1225 Eye Street, NW Suite 300	<u>DC</u> 	20005 ZIP CODE 🛦	
	of TreasurerBec Mailing Address Title or Position ♥	1225 Eye Street, NW Suite 300 Washington			
	of Treasurer <u>Bec</u> Mailing Address Title or Position ♥ Vice Pr Full Name of Designated	1225 Eye Street, NW Suite 300 Washington CITY ▲	STATE A	ZIP CODE 🛦	
	of Treasurer <u>Bec</u> Mailing Address Title or Position ♥ Vice Pr Full Name of Designated	1225 Eye Street, NW Suite 300 Washington CITY ▲	STATE A	ZIP CODE 🛦	
	of TreasurerBec Mailing Address Title or Position ♥ Title or Position ♥ Vice Pr Full Name of Designated AgentMic	1225 Eye Street, NW Suite 300 Washington CITY ▲ resident hael Young	STATE A	ZIP CODE 🛦	
	of TreasurerBec Mailing Address Title or Position ♥ Title or Position ♥ Vice Pr Full Name of Designated AgentMic	1225 Eye Street, NW Suite 300 Washington CITY ▲ resident hael Young One Dell Way	STATE A	ZIP CODE 🛦	
	of TreasurerBec Mailing Address Title or Position ♥ Title or Position ♥ Vice Pr Full Name of Designated AgentMic	1225 Eye Street, NW Suite 300 Washington CITY ▲ resident hael Young One Dell Way RR1-33	STATE A	ZIP CODE A	

FEC Form 1 (Revised 02/2003)	Page 4

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.

JP Morg	an Chase		
Mailing Address	2200 Ross Avenue		
l	6th Floor		
l	Dallas		75201
	CITY 🔺	STATE 🗖	
Name of Bank, Depository, etc.			
Mailing Address			
	CITY 🔺	STATE 🗖	