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FEC  
FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12PBANS

IM SATELLITE RADIO INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1500 ECKINGTON PLACE NE

(Check if address is changed) WASHINGTON DC 20002 - 2196

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 06/09/2004

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT  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 Treasurer MARY MALONE

Signature of Treasurer *Mary Malone* Date 06/09/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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 candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation:  \_\_\_\_\_ Office Sought:  House  Senate  President State:  \_\_\_\_\_ 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.) 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 or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**EM SATELLITE RADIO INC.** \_\_\_\_\_

Mailing Address: **1500 ECKINGTON PLACE NE** \_\_\_\_\_

**WASHINGTON DC** \_\_\_\_\_ **20002** \_\_\_\_\_ **2196** \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: **SPONSORING CORPORATION** \_\_\_\_\_

- Type of Connected Organization:
- Corporation
  - Corporation with Capital Stock
  - Labor Organization
  - Membership Organization
  - Trade Association
  - Cooperative

Write or Type Committee Name

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name REBECCA HANSON

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 - 2194

Title or Position VP BUSINESS AFFAIRS City STATE ZIP CODE  
 Telephone number 202 - 380 - 4069

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 MARY MALONE

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 - 2194

Title or Position VP CONTROLLER City STATE ZIP CODE  
 Telephone number 202 - 380 - 4373

Full Name of Designated Agent DORCAS AGYEI

Mailing Address 1500 ECKINGTON PLACE NE  
WASHINGTON DC 20002 - 2194

Title or Position MANAGER BUSINESS AFFAIRS City STATE ZIP CODE  
 Telephone number 202 - 380 - 4034

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

101 SOUTH TRYON STREET

CHARLOTTE NC 28255

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address


CITY

STATE

ZIP CODE

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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