

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED FEC MAIL CENTER

2009 FEB 29 AM 11:46

Office use only

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

12FE4M5

TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (TRSAPAC)

ADDRESS (number and street) 1800 DIAGONAL ROAD SUITE 200

(Check if address is changed) ALEXANDRIA VA 22314

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS trsapac@trsa.org

COMMITTEE'S WEB PAGE ADDRESS (URL) www.trsapac.org

COMMITTEE'S FAX NUMBER 7035190026

2. DATE 01 / 30 / 2009

3. FEC IDENTIFICATION NUMBER C C00279828

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 Mr. Charles Tomlinson

Signature of Treasurer [Signature] Date 01 / 30 / 2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100 FEC FORM 1 (Revised 12/2007)

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5. TYPE OF COMMITTEE (Check One)

Candidate 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 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 _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input checked="" type="checkbox"/>
2.	_____	FEC ID number	<input checked="" type="checkbox"/>
3.	_____	FEC ID number	<input checked="" type="checkbox"/>
4.	_____	FEC ID number	<input checked="" type="checkbox"/>
5.	_____	FEC ID number	<input checked="" type="checkbox"/>

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Write or Type Committee Name

TEXTILE RENTAL SERVICES ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (TRSAPAC)

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

Textile Rental Services Association of America

Mailing Address **1800 Diagonal Road**
Suite 200
Alexandria VA 22314
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:
 Connected Organization
 Affiliated Committee
 Leadership PAC Sponsor
 Joint Fundraising Representative

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 **Mr. Charles Tomlinson**
Mailing Address **1800 Diagonal Road**
Suite 200
Alexandria VA 22314
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Director of HR** Telephone number **703 - 519 - 0029**

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 **Mr. Charles Tomlinson**
Mailing Address **1800 Diagonal Road**
Suite 200
Alexandria VA 22314
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Director of HR** Telephone number **703 - 519 - 0029**

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Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

____ - ____ - _____

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.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

SL

2/9/09

PREPARER
(3/2005)

DATE PREPARED

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