05/10/2012 09 : 24

Image# 12951657987 PAGE 1 / 4

| FEC FORM 1 | | ORGANIZA | | C | Office Use Only |
|---------------------------------------|----------------------|---|--|---------------------|---------------------------------|
| NAME OF COMMITTEE (ir | ı full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| | | | ACTION COMM | IITTEE | |
| | | | | | |
| ADDRESS (number a | nd street) | 1500 K STREET NW SUITE 1100 | | | |
| (Check if ac is changed) | | WASHINGTON | | DC 20 | 005 |
| | | (| CITY | STATE | ZIP CODE |
| COMMITTEE'S E-MA (Check if is change | address | SS (Please provide only one e- michael.remington@dbr.con | | | |
| COMMITTEE'S WEB | PAGE ADD | PRESS (URL) | | | |
| (Check if is change | | | | | |
| 2. DATE 05 | | 2012 | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER C CO | 0370759 | | |
| 4. IS THIS STATE! | MENT | NEW (N) OR | X AMENDED (A) | | |
| I certify that I have e | examined th | is Statement and to the best | of my knowledge and belief it | is true, correct an | d complete. |
| Type or Print Name | of Treasurer | Michael Remington | | | |
| Signature of Treasure | <i>Michael</i> er | Remington | [Electronically Filed] | Date 05 | 09 / 2012 |
| NOTE: Submission of | | | nay subject the person signing th | | e penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) |

| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 |
|-------------|-----------------------|---|----------------------------|
| TYP | E OF C | OMMITTEE e 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. (Cominformation below.) | nplete the candidate |
| Nam Cand | e of didate | | |
| | didate y Affiliati | on Office Sought: House Senate President | State District |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: (National, State | (Democratic, |
| (d) | | This committee is a or subordinate) committee of the | Republican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nnected organization is a: |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | \times | This committee supports/opposes more than one Federal candidate, and is NOT a separate so committee. (i.e., nonconnected committee) | egregated fund or party |
| | | X In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| _ | | |
|---|---|--|
| FEC Form 1 (Revised (| 02/2009) | Page 3 |
| Write or Type Committee Name | | , and the second |
| DRINKER BIDE | DLE POLITICAL ACTION COM | MITTEE |
| 6. Name of Any Connected C | Organization, Affiliated Committee, Joint Fundraising Rep | resentative, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| - | | |
| | CITY | STATE ZIP CODE |
| Relationship: Connected | d Organization Affiliated Committee Joint Fundraising | g Representative Leadership PAC Sponsor |
| Custodian of Records: Ider books and records. | ntify by name, address (phone number optional) and posit | tion of the person in possession of committee |
| Michael Ro | emington | |
| Mailing Address | 1500 K St NW | |
| Maining / Nauross | Suite 1100 | |
| | Washington | DC 20005 |
| Title or Position | CITY | STATE ZIP CODE |
| Attorney | | mber 202 - 842 - 8839 |
| 8. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the assistant treasurer). | e committee; and the name and address of |
| Full Name Michael Re | emington | |
| of Treasurer | 1500 K St NW | |
| Mailing Address | Suite 1100 | |
| | Washington | DC 20005 |
| | CITY | STATE ZIP CODE |
| Title or Position Attorney | | 202 842 8839 |

Telephone number

| (| (Revised 02/2009) | |
|--------------------------------------|---|--------------------------------|
| | | |
| Full Name of Designated Jor | nathan Tarnow | |
| Agent | | |
| Mailing Address | 1500 K St NW | |
| | Suite 1100 | |
| | Washington | 20005 |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position Attorney | Telephone number | 202 - 354 - 1357 |
| safety deposit boxes | positories: List all banks or other depositories in which the committee deposits or maintains funds. | s funds, holds accounts, rents |
| Name of Bank, Depos | sitory, etc. | |
| Name of Bank, Depos | ository, etc. | |
| | esitory, etc. Vells Fargo Bank, N.A. | |
| | /ells Fargo Bank, N.A. | |
| | | |
| LW. | /ells Fargo Bank, N.A. | |
| LW. | Yells Fargo Bank, N.A. | 120005 |
| LW. | /ells Fargo Bank, N.A. | 20005 |
| LW. | Yells Fargo Bank, N.A. | 20005 ZIP CODE |
| LW. | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |
| Mailing Address | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |
| Mailing Address | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |
| Mailing Address Name of Bank, Depos | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |
| Mailing Address Name of Bank, Depos | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |
| Mailing Address Name of Bank, Depos | Vells Fargo Bank, N.A. 1500 K St NW Washington CITY STATE | |