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STATEMENT OF **ORGANIZATION**

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(Revised 02/2009)

FEC	
FORM	٠

Use

Only

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 over the lines. COMMITTEE (in full) is changed) IAMERICAN, BUSINNESS, MEDIA 1P,O,L/1,T,1,C,A,L, ,A,C,T,1,O,N, ,C,O,M,M,1,T,T,E,E ADDRESS (number and street) (Check if address is changed) MEN YORK 00.1 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00328799 FEC IDENTIFICATION NUMBER 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 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437q. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

	FEC FO	orm 1 (Hevised 02/2009)	Page Z				
TYP	E OF C	COMMITTEE					
Cendidate 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	
	iidate ⁄ Affiliati	ion Office Sought: House Senate President	State District				
(c)	#3 (3)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cano	e of lidate		<u> </u>				
Pari	ty Con	nmittee:					
(d)		(National, State	Democratic, Republican, etc.) Part				
Poli	tical A	Action Committee (PAC):					
(e)	1111	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is				
,	*	Corporation w/o Capital Stock	Labor Organization				
		Membership Organization Trade Association	Cooperative				
		In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	7.47	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	pregated fund or part				
(,,	committee. (i.e., nonconnected committee)						
		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	draising Representative:					
(g)	11-7	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political				
(3)	is all	committees/organizations, at least one of which is an authorized committee of a federal candidate.	e er mere pennem				
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more pocommittees/organizations, none of which is an authorized committee of a federal candidate.							
	Com	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number C					
	3.						
	1						
	4.	The state of the s	and anyment are the				

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٧	Vrite or Type Committee Name	}						
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	p PAC Sponsor					
ı			11111					
_	<u> </u>		<u> </u>					
L_								
	Mailing Address							
		CITY STATE Z	IP CODE					
	Relationship: Connecte	d Organization Affiliated Committee Jajoint Fundraising Representative Lead	ership PAC Sponso					
7.	Custodian of Recurds: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committe					
	Full Name							
	Mailing Address							
	Title or Position	CITY STATE Z	IP CODE					
		Telephone number	<u> </u>					
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	QD,D, H,1,T,T,L,E,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>					
	Mailing Address	675, THIRD AVE, THIFLOGR						
			1 1 1 1 1					
		NEW YORK INY 1/00	171-1					
	Title or Position		P CODE					
		ALL MANAGIER Telephone number 2/12-60	6,11-163,60					

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Full Name of Designated Agent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Mailing Address		<u> </u>					
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	CITY	STATE	ZIP CODE				
Title or Position		Telephone number					
 Banks or Other Deposatety deposit boxes of Name of Bank, Depos 		hich the committee deposits	funds, holds accounts, rents				
Mailing Address	<u> </u>						
Walling / Galoss							
	CITY	STATE	ZIP CODE				
Name of Bank, Depos	Name of Bank, Depository, etc.						
لــا			<u> </u>				
Mailing Address							
			<u> </u>				
	CITY	STATE	ZIP CODE				

(3/2005)

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. Date of Receipt Hand Delivered Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Fed Ex 9/20/10 Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED