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7707 Wisconsin Avenue, Apt. 731
Bethesda, MD 20814

January 15, 2010

Ms. Nicole Della Rocco
Campaign Finance Analyst
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20004

Re: B2 Political Action Committee (C00460022)

Dear Ms. Della Rocco:

I am writing in response to your letter of May 20, 2009 identifying additional information required on the Statement of Organization filed on behalf of B2 Political Action Committee. I apologize for the delay in this response; we no longer use the address provided on the Statement of Organization and therefore did not receive the letter. Only recently did we discover a copy of it on the Commission's website.

Enclosed please find an amended Statement of Organization which now includes our depository and an e-mail address, as requested in your letter. We have also updated the committee's address. In addition, please note that we are concurrently filing a mid-year report.

If you have any questions, please do not hesitate to contact me at futurefreeIran@gmail.com or 703-304-1118. Thank you for your assistance in these matters.

Sincerely,



Behrooz Belbudi
Treasurer

Enclosure

10030220054

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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

B2 Political Action Committee

ADDRESS (number and street) 7707 Wisconsin Avenue
Apt. 731
Bethesda MD 20814
CITY STATE ZIP CODE

(Check if address is changed)

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

futurefreelran@gmail.com

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

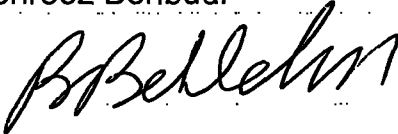
2. DATE 01 15 2010

3. FEC IDENTIFICATION NUMBER C C00460022

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 Behrooz Behbudi

Signature of Treasurer 

Date 01 15 2010

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.

Office Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

10030220055

5. TYPE OF COMMITTEE

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
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- (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

In addition, this committee is a Lobbyist/Registrant PAC.

- (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 Lobbyist/Registrant PAC.

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 C

2. _____ FEC ID number C

3. _____ FEC ID number C

4. _____ FEC ID number C

10030220056

Write or Type Committee Name

B2 Political Action Committee

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

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

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

Dr. Behrooz Behbudi

Mailing Address

7707 Wisconsin Avenue

Apt. 731

Bethesda

MD

20814

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

703

304

1118

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. Behrooz Behbudi

Mailing Address

7707 Wisconsin Avenue

Apt. 731

Bethesda

MD

20814

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

703

304

1118

10030220057

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

Virginia Heritage Bank

Mailing Address

11166 Fairfax Boulevard

[Empty grid for Mailing Address line 2]

Fairfax VA 22030

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

10030220058

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.

Hand Delivered Date of Receipt
1/20/10

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

 1/20/10
PREPARER **DATE PREPARED**

10030220059