FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		tructions)	Office use only
NAME OF COMMITTEE (in	full) (Check if nar is changed)	me Example: If typying, type over the lines	12FE4M5
Collegiate Fu	nding Services LLC PAC		
ADDRESS (number and	270 Park Avenu	ie 	
X (Check if addr is changed)	29th Floor		NY 10017 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS		1
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX I	NUMBER		
با لبنا	لــــا لــ		
2. DATE 0.3	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	ATION NUMBER	C C00380071	
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exam	ined this Statement and to the best of I	my knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Bridget Law	vless	
Signature of Treasure	r Electronically Filed by Brid o	get Lawless	Date 03 / D08 / YYYYY
NOTE: Submission of fa		ion may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2
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 cainformation below.)	andidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, publican,etc.) Party.
	(e) X This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	d or party
6.	Name of Any Connected Organization or Affiliated Committee	
	Collegiate Funding Services, Inc.	
L		
	Mailing Address 10304 Spotsylvania Ave.	
	Fredericksburg VA 224	108
	CITY▲ STATE▲ Z	ZIP CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	n
	Membership Organization Trade Association Cooperative	

FEC Fo i	rm 1 (Revised 02/2003)			Page 3
Write or Type Co	ommittee Name			
Collegiate	Funding Services	LLC PAC		
	f Records: Identify b of Committee books	y name, address, (phone num and records.	ber optional), and position	of the person in
Full Name	Bridget Lawle	9SS		
Mailing Addre	ess <u> </u>	270 Park Avenue		
		29th Floor		
		New York	NY	10017
Title or Position	on 🔻	CITY A	STATE▲	ZIP CODE ▲
	Treasurer		21 2 Telephone number	2 270 0774
name and a	List the name and acaddress of any design	ddress (phone number optionated agent (e.g., assistant tre	nal) of the treasurer of the co asurer).	mmittee; and the
Full Name of Treasurer	Bridget Lawle	ess		
Mailing Addre	ess	270 Park Avenue		
		29th Floor		
		New York	NY	10017
Title or Position	on ¥	CITY A	STATE▲	ZIP CODE A
	Treasurer		Telephone number 212	2 270 0774
Full Name of Designated Agent	Erica Pope			
Mailing Addre	ess	10 S. Dearborn St.		
		18th Floor		
		Chicago		60603
Title or Position	on ¥	CITY A	STATE ▲	ZIP CODE A
	Assistant Treasu	ırer	Telephone number 312	2 _ 732 _ 5852

	FEC Form 1 (Revised 02	2/2003)	Page 4
9.	Banks or Other Depositories: safety deposit boxes or maintain	· · · · · · · · · · · · · · · · · · ·	unts, rents
	Name of Bank, Depository, etc.		
	Bank of	f America	
	Mailing Address	1111 E. Main Street	
		Richmond VA 23	3219

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷

FEC Form 1 (Revis	ed 1/2001)			Page 5 / 8
Banks or Other Depositors safety deposit boxes or ma	aintains funds.	or other depositories in which the com		ls accounts, rents
Name of Bank, Depository	, etc.			[ADDITIONAL]
1				ı
Mailing Address				
		CITY 🛆	STATE △	ZIP CODE 🛆
Name of Any Connected	d Organization or Affil	ated Committee		[ADDITIONAL]
J. P. Morgan Chase 8	& Co. Federal Politi	cal Action Committee (JPM)		
o. i . inorgan onașe i				
Mailing Address	270 Park Av	enue		
Maining / Radioco	29th Floor			
	New York		NY	10017
		CITY	STATE A	ZIP CODE A
Relationship Aff	iliated Committee			
T (O) C				
Type of Connected Organ	nization:		_	
Corporation		Corporation w/o Capital Stock	Labor Or	ganization
Membership Org	ganization	Trade Association	Cooperat	ive

Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE A	ZIP CODE A
		elephone number	

FEC Form 1 (Revis	sed 1/2001)			Page 7 / 8
Banks or Other Deposite safety deposit boxes or ma	aintains funds.	or other depositories in which the commit		s accounts, rents
Name of Bank, Depository	/, etc.		'	ADDITIONAL
1				
Mailing Address				
		CITY 🛆	STATE 🚄	ZIP CODE 🛆
Name of Any Connecte	d Organization or Affili	ated Committee		ADDITIONAL 1
				ADDITIONAL]
J. P. Morgan Chase	& Co. PAC			
	OZO Douls Ass			
Mailing Address	270 Park Ave	enue		
	29th Floor			
	New York		NY	10017 _
		CITY	STATE A	ZIP CODE A
S I Aff	filiated Committee			
Relationship	1 1 1 1 1 1 1 1 1 1			
Type of Connected Organ	nization:			
	П	0		
Corporation		Corporation w/o Capital Stock		ganization
Membership Org	ganization	Trade Association	Cooperat	ve

Designated Agent		1	ADDITIONAL]
Full Name LILILI Mailing Address			
-			
Title or Position ♥	CITY A Te	STATE A	ZIP CODE A