•		RECEIVED FEC MAIL CENTER
FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	2009 JUL 13 AM 10: 56
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type iull) X is changed) over the lines	12FĘ4M5
		<u> </u>
ADDRESS (number and	P.O. Box 8332 treet)	
(Check if address is changed)	Virginia Beach	VA 23450 8332
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	info@benloyola.com	<u></u>
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	∖ www.benloyola.com L_l_l_l_l_l_l_l_l_l_l_l_l_l_l_l_l_l_l	
2. DATE 07		
3. FEC IDENTIFICA		
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Karen F. Marcus	
Signature of Treasure	Electronically Filed by Karen F. Marcus	Date 0,7 06 2009
NOTE: Submission of fai	se, erroneous, or incomplete information may subject the person signing this Stater ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office	For further Information c	

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Office		For furth	er information contact:	FEC FORM
Use		Federal E	lection Commission	FEC FORM
Only			800-424-9530	(Revised 02/2009)
	 	Local 202	-694-1100	

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5.	TYPE OF COMMITTEE (Check One)					
	Candidate Committee:					
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	Ľ	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Namo Cand	e of lidate				
		lidate Affiliati	ion REP Office Sought: X House Senate President District 02			
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Cand					
	Party	Comm	littee:			
	(d)	$\Box$	This committee is a (National, State (Democratic, Cor subordinate) committee of the Republican,etc.) Party.			
	Politi	cal Act	tion Committee (PAC):			
	(e)	Π	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
			Corporation Corporation w/o Capital Stock			
			Membership Organization Trade Association Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	Ο	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			
			2. FEC ID number			
			3. FEC ID number			
			4. FEC ID number			

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FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Na Loyola for Congress			
. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Repres	entative, or Lea	dership PAC Sponsor
<u> </u>	<u></u>		<u>              </u>
<u>    !   :     <u></u></u>	<u></u>	1 1 1 1	
Mailing Address			
	1		
			······································
	CITYA		
Relationship:			
Connected Organiza	tion Affiliated Committee	presentative	Leadership PAC Sponsor
possession of Commit	tee books and records.		<u></u>
Full Name			
Full Name		  STATE &	 ZIP CODE &
Full Name		STATE A	
Full Name Mailing Address Title or Position ♥ 3. Treasurer: List the name and address of Full Name		 STATE <b>&amp;</b> amber	 ZIP CODE à 
Full Name          Mailing Address         Title or Position ▼	CITY ▲ Telephone nu me and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer). ren F. Marcus	 STATE <b>&amp;</b> amber	 ZIP CODE à 
Full Name Mailing Address Title or Position ♥ 3. Treasurer: List the name and address of Full Name	CITY ▲ Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer).	 STATE <b>&amp;</b> amber	 ZIP CODE à 
Full Name          Mailing Address         Title or Position ▼         3. Treasurer: List the name and address of an arme and address of a full Name of Treasurer	CITY ▲ Telephone nu me and address (phone number optional) of the treasure any designated agent (e.g., assistant treasurer). ren F. Marcus	 STATE <b>&amp;</b> amber	 ZIP CODE ك
Full Name          Mailing Address         Title or Position ▼         3. Treasurer: List the name and address of an arme and address of a full Name of Treasurer	CITY ▲ CITY ▲ Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer). Telephone number optional) of the treasure any designated agent (e.g., assistant treasurer).	STATE A	 ZIP CODE 1

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FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address	,		
Title or Position ♥	CITY A	STATE A	
	Telepho	ne number	
safety deposit box	epositories: List all banks or other depositories in which the conservation of the con	mmittee deposits funds,	holds accounts, rents
safety deposit box Name of Bank, De	es or maintains funds. pository, etc. Wachovia Bank Lynnhaven Mall Financial Center		1
safety deposit box	es or maintains funds. pository, etc. Wachovia Bank		1
safety deposit box Name of Bank, De	es or maintains funds. pository, etc. Wachovia Bank Lynnhaven Mall Financial Center	<u>_</u> <u>_</u> _ <u>_</u> <u>_</u>	1
safety deposit box Name of Bank, De	wachovia Bank Unnhaven Mall Financial Center 675 Lynnhaven Pkwy.		
safety deposit box Name of Bank, De	es or maintains funds. pository, etc.		
safety deposit box Name of Bank, De Mailing Address	es or maintains funds. pository, etc.		
safety deposit box Name of Bank, De Mailing Address	es or maintains funds. pository, etc.	,,,,,,,, _	
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. pository, etc. Lynnhaven Mall Financial Center 675 Lynnhaven Pkwy. Virginia Beach CITY △ pository, etc.	,,,,,,,, _	$\frac{1}{23452} = \frac{1}{210000}$
safety deposit box Name of Bank, De Mailing Address Name of Bank, De	es or maintains funds. pository, etc. Lynnhaven Mall Financial Center 675 Lynnhaven Pkwy. Virginia Beach CITY △ pository, etc.	    	

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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			
USPS First Class Mail	Postmarked			
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USPS Priority Mail	Postmarked			
Delivery Confirmation <sup>™</sup> or Signa	ature Confirmation <sup>™</sup> Label			
USPS Express Mail	Postmarked			
Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
N	ext Business Day Delivery			
Received from House Records & Registration	Date of Receipt Office			
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Other (Specify):	Date of Receipt or Postmarked			
٤٢	7/13/09			
PREPARER (3/2005)	DATE PREPARED			

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