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FEC FORM 1

STATEMENT OF ORGANIZATION

FORM	Л 1		O	RGANIZ	AHO	N						
				(See instruct	ions)				C	Office use only	,	
1. NAME O COMMIT		n full)		(Check if name is changed)	Exar over	nple: If typying, the lines	type	12FE4	IM5			
Arena F	Politic	al Actio	n Committe	ee 						шш		
سسا		ш	ш							шш		ш
ADDRESS (nu	umber ar	d street)	701 8	th Street, NW					1.1	ш		
	(Check if addres		Suite	500								
X is chang	ged)		Wash	ington			Ш	DC		2000	1	ш
					CITY▲			STATE		ZIP	CODE	•
COMMITTEE	'S E-M	AIL ADDR		provide only one		ess)						
(Check is change		SS	mgke	elley@wms-jei	n.com					шш		
								111	11	шш		
(Check is changed) 2. DATE	if addre			Y Y Y	111				<u> </u>			<u> </u>
	_1		22	2009			• •	1				
3. FEC IDE	NTIFIC	ATION NI	JMBER		C COO	305532	-					
4. IS THIS	STATE	MENT	NEW	(N) OR	Х	AMENDE	D (A)					
I certify that I ha	ave exa	mined this S	Statement and	to the best of my k	nowledge an	d belief it is true,	correct and	d complete				
Type or Print I	Name (of Treasure	er <u>J</u>	on Carter								
Signature of T	reasur	er El <u>ec</u>	tronically Filed	by Jon Cart	er		_	Date	1 0	D 22	/ Y	[°] 20°09
NOTE: Submis	ssion of	false, erron		plete information m						s of 2 U.S.C	. §437g.	
Off Us Or						For further info Federal Election Toll Free 800-42 Local 202-694-1	Commiss 24-9530			FEC I	FORN d 02/200	

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5.		COMMITTEE (Check One) 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. (Complete the information below.)	e candidate							
	Name of Candidate	e <u> </u>								
	Candidate Party Affili		State District							
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.								
	Name of Candidate									
	Party Cor	(Nedianal Olata								
	(d)	(National, State This committee is a (or subordinate) committee of the	Democratic, Republican,etc.) Party.							
	Political A	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	or Organization							
		Membership Organization Trade Association Coc	perative							
		In addition, this committee is a Lobbyist/Registrant PAC.								
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party							
		In addition, this committee is a Lobbyist/Registrant PAC.								
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)								
	loint Fund	draising Representative:								
		1								
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political							
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political							
Committees Participating in Joint Fundraiser										
		1. FEC ID number								
		2. FEC ID number C								
		3. FEC ID number								
		FEC ID number								

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Write or Type Committee	Name		
Arena Political A	ction Committee		
6. Name of Any Connec	eted Organization, Affiliated Committee, Joint Fundraising Represer	ntative, or L	eadership PAC Sponsor
NONE			
Mailing Address			
		ليا	
	CITY▲	STATE A	ZIP CODE
Relationship:			
Connected Organ	ization Affiliated Committee Joint Fundraising Repr	resentative	Leadership PAC Sponsor
	s: Identify by name, address, (phone number optional), an mittee books and records.	· 	·
Title or Position ▼	CITY A Telephone num	STATE	ZIP CODE 1
name and address	name and address (phone number optional) of the treasurer of any designated agent (e.g., assistant treasurer). Jon Carter 1155 21st Street, NW	r of the co	mmittee; and the
	Suite 300		
	Washington	_DC	20036 –
Title or Position ♥	CITY A	STATE	ZIP CODE A
Tre	asurer Telephone nun	mber 20	02 659 8201

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
	Telepho	one number	
Banks or Other Depositor safety deposit boxes or main	ntains funds.	nmittee deposits funds, hol	ds accounts, rents
Name of Bank, Depository, e			
Burk	xe & Herbert Bank & Trust Co.		
Mailing Address	PO Box 268		
	Alexandria		22313
	CITY 🗖	STATE △	ZIP CODE 🛕
Name of Bank, Depository, e	etc.		
Mailing Address			
	CITY 🙇	STATE. △	ZIP CODE 🛕