| Image# | 29991791482 |
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| FEC FORM 1 | STATEMENT OF ORGANIZATION (See instructions) | Office use only |
|---|--|------------------------|
| 1. NAME OF COMMITTEE (in f | (Check if name Example: If typying, type over the lines | 12FE4M5 |
| | HOPE, INNOVATION & PROGRESS PAC | |
| ADDRESS (number and s | treet) | |
| X (Check if address is changed) | ALEXANDRIA | VA22314 |
| | CITY | STATE ZIP CODE |
| COMMITTEE'S E-MAI (Check if address is changed) | L ADDRESS (Please provide only one e-mail address) mrmslane@aol.com I <td></td> | |
| COMMITTEE'S WEB | PAGE ADDRESS (URL) | |
| (Check if address is changed) | | <u> </u> |
| 2. DATE M M 0 3 | / D D / Y Y Y Y 25 / 2009 | |
| 3. FEC IDENTIFICA | TION NUMBER C C00427286 | |
| 4. IS THIS STATEM | ENT X NEW (N) OR AMENDED (A) | |
| I certify that I have examin | 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 Danna S. Lane | |
| Signature of Treasurer | Electronically Filed by Danna S. Lane | Date 03 / 25 / Y Y Y Y |
| NOTE: Submission of fal | se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W | |
| Office Use Only | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | |

| | FE | C F | Form 1 (Revised 02/2009) | Page 2 |
|----|----------------------|-------|---|--|
| 5. | TYPE O | FC | DMMITTEE (Check One) | |
| | Candida | ate C | 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 Candida | | | |
| | Candida Party Aff | | on Office Sought: House Senate President | State |
| | (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| | Name of Candida | | | |
| | Party Co | omn | nittee: | |
| | (d) | | | Democratic, Republican,etc.) Party. |
| | Political | I Act | ion 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 | or Organization |
| | | | Membership Organization Trade Association Coc | perative |
| | | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | (f) | х | 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. | |
| | | | X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| | Joint Fur | ndra | ising Representative: | |
| | (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 a committees/organizations, none of which is an authorized committee of a federal candidate. | nore political |

Committees Participating in Joint Fundraiser

| 1. | | FEC ID number | |
|----|----------|-----------------|--|
| 2. | | FEC ID number | |
| 3. | | FEC ID number C | |
| 4. | <u> </u> | FEC ID number | |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

COMMERCE, HOPE, INNOVATION & PROGRESS PAC

| Mailing Address | | | |
|--|---|---|--|
| | | | |
| | | | |
| | СІТҮ | STATE 🛦 | ZIP CODE 🔺 |
| Relationship: | | | |
| Connected Organization | Affiliated Committee | Joint Fundraising Representative | Leadership PAC Sponsor |
| possession of Committee B Full Name | | ive | |
| | | | |
| | Germantown | TN | 38138 |
| Title or Position ♥ | Germantown | <u>TN</u> | 38138 |
| Title or Position ▼ Treasurer | | | |
| Treasurer Treasurer: List the name a | CITY A | STATE | ZIP CODE & _ 619 – 3284 |
| Treasurer: List the name and address of any Full Name | CITY A | STATE | ZIP CODE & _ 619 – 3284 |
| Treasurer: List the name and address of any Full Name of Treasurer Danna S | CITY A and address (phone number optio designated agent (e.g., assistant tro S. Lane | STATE | ZIP CODE & _ 619 – 3284 |
| Treasurer: List the name and address of any Full Name of Treasurer Danna S | CITY A and address (phone number optio designated agent (e.g., assistant tro S. Lane 8580 Beaverwood Dr | STATE A Telephone number 901 | ZIP CODE A <u>619</u> - <u>3284</u> nittee; and the |

| FEC Form 1 (Rev | ised 02/2009) | | Page 4 |
|---|-----------------------------------|-------------------------------|----------------------|
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| Title or Position ▼ | CITY | STATE 🛦 | |
| | Τε | lephone number | |
| | | | |
| Banks or Other Depos safety deposit boxes or r Name of Bank, Deposito | naintains funds. | e committee deposits funds, h | olds accounts, rents |
| safety deposit boxes or r Name of Bank, Deposito | naintains funds. ary, etc. | e committee deposits funds, h | |
| safety deposit boxes or r | naintains funds. ary, etc. | | |
| safety deposit boxes or r Name of Bank, Deposito | naintains funds. yry, etc. | | |
| safety deposit boxes or r Name of Bank, Deposito | naintains funds. ary, etc. | | |
| safety deposit boxes or r Name of Bank, Deposito | naintains funds. ry, etc. | | |
| safety deposit boxes or r Name of Bank, Deposito Mailing Address | naintains funds. ry, etc. | | |
| safety deposit boxes or r Name of Bank, Deposito Mailing Address | naintains funds. ry, etc. | | |
| Safety deposit boxes or r Name of Bank, Deposito Mailing Address | naintains funds. ry, etc. | | |
| Safety deposit boxes or r Name of Bank, Deposito Mailing Address | naintains funds. ry, etc. | | |