

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 MAR 21 AM 10:59 FEC MAIL CENTER Office Use Only

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

A L L I A N C E O F A U T O M O B I L E M A N U F A C T U R E R S , I N C .

P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street) 1 4 0 1 E Y E S T R E E T , N W , S U I T E 9 0 0

(Check if address is changed)

W A S H I N G T O N D C 2 0 0 0 5

CITY STATE ZIP CODE

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

(Check if address is changed)

J M U L C A H Y @ A U T O A L L I A N C E . O R G

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 0 3 / 2 1 / 2 0 1 2

3. FEC IDENTIFICATION NUMBER C

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 JUDITH M. MULCAHY

Signature of Treasurer Judith M. Mulcahy

[Handwritten signature of Judith M. Mulcahy]

Date 0 3 / 2 1 / 2 0 1 2

Digitally signed by Judith M. Mulcahy DN: cn=Judith M. Mulcahy, o=Alliance of Automobile Manufacturers, ou, email=jmulcahy@autoalliance.org, c=US Date: 2012.03.20 15:41:30 -0400

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.

12030760498

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

12030760491

Write or Type Committee Name

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

[Empty grid for name entry]

A L L I A N C E O F A U T O M O B I L E M A N U F A C T U R E R S , I N C .

Mailing Address

1 4 0 1 E Y E S T R E E T , N W , S U I T E 9 0 0

[Empty grid for address line 2]

W A S H I N G T O N D C 2 0 0 0 5 -

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

J U D I T H M . M U L C A H Y

Mailing Address

A U T O A L L I A N C E

1 0 4 1 E Y E S T R E E T , N W , S U I T E 9 0 0

W A S H I N G T O N D C 2 0 0 0 5 -

Title or Position

CITY

STATE

ZIP CODE

V P O F O P E R A T I O N S

Telephone number

2 0 2 - 3 2 6 - 5 5 9 3

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

J U D I T H M . M U L C A H Y

Mailing Address

A U T O A L L I A N C E

1 4 0 1 E Y E S T R E E T , N W , S U I T E 9 0 0

W A S H I N G T O N D C 2 0 0 0 5 -

CITY

STATE

ZIP CODE

Title or Position

T R E A S U R E R

Telephone number

2 0 2 - 3 2 6 - 5 5 9 3

12030760492

Full Name of Designated Agent

J O H N T . W H A T L E Y

Mailing Address

A U T O A L L I A N C E

1 4 0 1 E Y E S T R E E T , N W , S U I T E 9 0 0

W A S H I N G T O N D C 2 0 0 0 5

CITY STATE ZIP CODE

Title or Position

A S S I S T A N T T R E A S U R E R

Telephone number 2 0 2 - 3 2 6 - 5 5 4 8

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.

T D B A N K

Mailing Address

6 0 5 1 4 T H S T R E E T , N W

W A S H I N G T O N D C 2 0 0 0 5

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

T D B A N K

Mailing Address

6 0 5 1 4 T H S T R E E T , N W

W A S H I N G T O N D C 2 0 0 0 5

CITY STATE ZIP CODE

12030760493

**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  
3/21/12

USPS First Class Mail Postmarked

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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



3/21/12

PREPARER  
(3/2005)

DATE PREPARED

12030760494