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FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 FEB 11 AM 9: 54

Office Use Only 1. NAME OF (Check if name Example: If typing, type ·12FE4M5 COMMITTEE (in full) over the lines. is changed) ADDRESS (number and street) (Check if address is changed) STATE ZIP CODE CITY COMMITTEE'S E-MAIL ADDRESS COMMITTEE'S WEB PAGE ADDRESS (URL) COMMITTEE'S FAX NUMBER DATE **FEC IDENTIFICATION NUMBER** 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. BRILDN F Type or Print Name of Treasurer Signature of Treasurer Date 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. Office For further information contact: **FEC FORM 1** Federal Election Commission Use Toll Free 800-424-9530 (Revised 12/2007) Only Local 202-694-1100

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	YPE 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 car information below.)						
	me of Indidate					
Ca	ndidate	Security and and the security states	State			
	rty Affiliati		District			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	Partition of the			
	me of Indidate					
Pa	arty Con	mmittee:				
(d)		(National, State	mocratic, publican, etc.) Party.			
Po	olitical A	Action Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:			
		Corporation Corporation w/o Capital Stock	abor Organization			
		Membership Organization Trade Association C	poperative			
(f) This committee supports/opposes more than one Federal candida committee. (i.e., nonconnected committee)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joi	int Fund	draising Representative:				
(g)	X	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
 (h) This 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 committees/organizations, none of which is an authorized committee of a federal candidate. 						
	Com	nmittees Participating in Joint Fundraiser				
	1. MARCIA FUDGE FOR CONDESS FEC ID number C. CO 0 4 5 46					
	2.	KIIUROY FOR CONGRESS FEC ID number C G O A	16.156			
	35065					
	4.	DEI FIARUS FOR CONGRESS FEC ID number C 004	34662			
	5.		envertementement, in 1 st norm			

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Write or Type Committee Name	e .	
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising I	Representative
Mailing Address		
	CITY STATE Z	P CODE
Relationship:	OITT SINE 2	r CODE
Connected Organization	Affiliated Committee Leadership PAC Sponsor Joint Fundraising	Representative
 Custodian of Records: Ider books and records. 	ntify by name. address (phone number optional) and position of the person in posse	ession of committee
Full Name BR. L	<u> </u>	<u> </u>
Mailing Address	13A,1, G, ST, XW,	
	SUTE 749, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	لىسىيى
	WASHINGTON DC ZOOC	لـــــا-لكير
Title or Position	CITY STATE ZI	P CODE
	_ C F	171-18883
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Name BRU	AN FOUCART	<u></u>
Mailing Address	13416572EETNW	
	SUITE, 740,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	CITY STATE ZI	P CODE
Title or Position TREPSURER	Telephone number 202-34	T-18882

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 ·							
Full Name of							
Designated Agent							
Mailing Address							
	CITY STATE ZIP CODE						
Title or Position							
	Telephone number						
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.							
	BANK, O.F. AMERICA						
Mailing Address	[501 5 ET N27 + 10 TN Z + 10 EN N E N W						
	MASHINGTON DI ROPOSI-						
	CITY STATE ZIP CODE						
Name of Bank, Depository, etc.							
	·						
Mailing Address							
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						

CITY

STATE

ZIP CODE

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.

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USPS Express Mail	
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busin	ess 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):	Receipt or Postmarked
4	2/11/09
PREPARER	DATE PREPARED
(3/2005)	