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FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (In full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

NOTE AGAINST VIOLENCE POLITICAL ACTION
COMMITTEE

ADDRESS (number and street)

1221 MASSACHUSETTS AVE, NW

(Check if address
is changed)

APT. 511

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

HOLLY.SHULHAN@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.VOTEAGAINSTVIOLENCE.ORG

COMMITTEE'S FAX NUMBER

2. DATE

09 / 08 / 2006

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

Melissa Spiller

Signature of Treasurer

Melissa E Spiller

Date

09 / 17 / 2006

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
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

26039184676

5. TYPE OF COMMITTEE (Check One)

- (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

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NONE _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

200709194977

Write or Type Committee Name

VOTE AGAINST VIOLENCE PAC

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 HOLLY SHULMAN

Mailing Address 1221 MASSACHUSETTS AVE NW
APT 51
WASHINGTON DC 20005

Title or Position DIRECTOR CITY STATE ZIP CODE Telephone number 202-694-8757

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 MELISSA ELIZABETH SPILLER

Mailing Address HILLS DAVIS PLACE NW
APT 305
WASHINGTON DC 20007

Title or Position DIRECTOR OF FINANCE CITY STATE ZIP CODE Telephone number 585-3516-1786

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE Telephone number

26039134573

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.

BANK OF AMERICA

Mailing Address

1090 VERMONT AVE NW

WASHINGTON

DC

20005

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

26039134979

Federal Election Commission
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature] 9/21/06
PREPARER **DATE PREPARED**

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