Image# 11952508699 PAGE 1 / 4

## STATEMENT OF

FEC FORM 1		ORGANIZ	ZATION		Office Use Only
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
RAILAME	RICAII	NC FEDERAL	POLITICAL A	CTION C	OMMITTEE
ADDRESS (number a	nd street)	7411 Fullerton Street, Sui	te 300		
(Check if action is changed)		Jacksonville		FL	32256
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA  (Check if is change	address	S (Please provide only one christine.scott@RailAme	*		
COMMITTEE'S WEB	PAGE ADD	RESS (URL)			
(Check if is change					
2. DATE 10	) D 05	2011			
3. FEC IDENTIFIC	CATION NU	мвек	C00362095		
4. IS THIS STATE	MENT	NEW (N) OR	× AMENDED (A	)	
I certify that I have e	examined this	s Statement and to the be	est of my knowledge and beli	ef it is true, correc	et and complete.
Type or Print Name	of Treasurer	Ira Berger			
Signature of Treasure	Ira Bergo er	er	[Electronically Filed	Date 10	0 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of		·	on may subject the person signi		o the penalties of 2 U.S.C. §437g.
Office Use Only			For further informatic Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2009)

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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. (Con information below.)	nplete the candidate
Nam Can	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		X 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

										_	
FEC Form 1 (Revised									Pa	ige <b>3</b>	
Write or Type Committee Nam								~			_
RAILAMERICA	INC FEDE	RAL	OLI	IICA	L AC	$\frac{110}{110}$	N C	<u>JMI</u>	MI I	IE	E
Name of Any Connected	Organization, Affiliate	ed Committe	ee, Joint F	undraisi	ng Repr	esentativ	e, or Lea	dershi	p PAC	Spon	sor
RailAmerica Inc.											
Mailing Address	7411 Fullerton Street	t 									
Mailing Address	Suite 300										
	Jacksonville					FL .	322	56			
										- 📖	
Relationship: X Connected	d Organization Affi	CITY iliated Comn	nittee	Joint Fur	ndraising	STATE Represen	tative		IP CC ership	PAC S	Spon:
Relationship: X Connecte  Custodian of Records: Ide books and records.		iliated Comn				Represen		Lead	ership	PAC S	
Custodian of Records: Ide	ntify by name, address	iliated Comn				Represen		Lead	ership	PAC S	
Custodian of Records: Ide books and records.	ntify by name, address	iliated Comn				Represen		Lead	ership	PAC S	
Custodian of Records: Ide books and records.  Monique	ntify by name, address	iliated Comn				Represen		Lead	ership	PAC S	
Custodian of Records: Ide books and records.  Monique Full Name	ntify by name, address	s (phone nu				Represen		Lead	ership	PAC S	
Custodian of Records: Ide books and records.  Monique Full Name	Markham  c/o RailAmerica Inc.	s (phone nu				Represen		Lead	ership	PAC S	
Custodian of Records: Ide books and records.  Monique Full Name	Markham  c/o RailAmerica Inc.  7400 Fullerton St., S	s (phone nu				Represen	person i	n posse	ership	of cor	
Custodian of Records: Ide books and records.  Monique Full Name Mailing Address  Title or Position	Markham  c/o RailAmerica Inc.  7400 Fullerton St., S	s (phone number of the state of		tional) a		on of the	person i	n posse	ership	of cor	

Full Name of Treasurer 116 Crape Myrtle Drive Mailing Address 32082 Ponte Vedra Beach FL CITY STATE ZIP CODE Title or Position Financial Planning 904 538 6332 Telephone number

T LC FUII	<b>n 1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
Banks or Other safety deposit be Name of Bank, I		
safety deposit bo	oxes or maintains funds.  Depository, etc.  WACHOVIA BANK  ,NC8502, P O Box 563966	
safety deposit be Name of Bank, I	oxes or maintains funds.  Depository, etc.  WACHOVIA BANK  ,NC8502, P O Box 563966	
safety deposit be Name of Bank, I	oxes or maintains funds.  Depository, etc.  WACHOVIA BANK  ,NC8502, P O Box 563966	
safety deposit be Name of Bank, I	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966	
safety deposit be Name of Bank, I	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966  Charlotte  CITY  STATE	2-3966
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966  Charlotte  CITY  STATE	2-3966 
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966  Charlotte  CITY  STATE  Depository, etc.	2-3966 
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966  Charlotte  CITY  STATE  Depository, etc.	2-3966 
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  WACHOVIA BANK  NC8502, P O Box 563966  Charlotte  CITY  STATE  Depository, etc.	2-3966 