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FEC FORM 1

STATEMENT OF ORGANIZATION

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2009 MAR 27 P 12: 23
Office Use Only

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
American Fur Merch	ants Association	Fur Wraps the Hil	1 Political	Action Committee
	<u> </u>	<u> </u>	<u>i 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>	
ADDRESS (number and street)	3050 K Street,	NW I I I I I I I I I I I I I I I I I I I	<u> </u>	
(Check if address	Suite 400	<u> </u>	<u> </u>	<u> </u>
is changed)	Washington	<u> </u>	DC 2	0007 -
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e	-mail address)		
(Check if address	llasoff@kelley	drye;cρm	11111	
is changed)	<u> </u>		<u> </u>	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
		<u> </u>	1:1:1:	
(Check if address is changed)		<u> </u>	<u></u>	
2. DATE 03 26 3. FEC IDENTIFICATION NU 4. IS THIS STATEMENT	2009	0386391 X AMENDED (A)		
I certify that I have examined the	is Statement and to the bes	t of my knowledge and belief	it is true correct ar	ad complete
Type or Print Name of Treasurer				
Signature of Treasurer	[m] [f]		Date 03	26 2009
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only		For further Information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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		COMMITTEE	
Can		e Committee:	
(a)	i.,i	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 information below.)	the candidate
Name Cand		1	
Canu	luate		
Cand	idate Affiliati		State
· uny	7 minati		District
(c)	:. * :.	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	mmittee:	
(d)			ocratic, blican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
	•	En. Corporation Corporation w/o Capital Stock Lab	or Organization
		<i>y</i> -≖.	or Organization
		Membership Organization X: Trade Association Cod	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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	draising Representative:	
(g)	;	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
	Com	nmittees Participating in Joint Fundraiser	
		· DESIGNATION	ingere jer
	1.	FEC ID number	
	2.	FEC ID number C	Trons of the configuration
	3.	[· · · · · · · · · · · · · · · · · · ·
	O.	The second secon	:
	4.		1 1

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Write or Type Committee Name)			
American Fur Mercha	nts Association Fur W	caps the Hill P	olitical Act	ion Committee
6. Name of Any Connected C	Organization, Affiliated Committee,	Joint Fundraising Repres	sentative, or Leaders	ship PAC Sponsor
American Fur Merc	hants Association	;		<u> </u>
Mailing Address	224 West 30 Street			
-				
	New: York CITY		NY 1000	ZIP CODE
Relationship: X Connected	d Organization Affiliated Committe	e , , Joint Fundralsing R	epresentative : Le	adership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone numbe	er optional) and position	of the person in po	ssession of committee
Full Name	ence J. Lasoff			
Mailing Address	3050 K Street. NW	<u> </u>		
	Suite 400	<u> </u>	<u> </u>	
	Washington	1:11	DC 2000	7
Title or Position	СПҮ	s	TATE	ZIP CODE
Treasurer/ Gouns	;e <u>l </u>	Telephone numb	er 202 – :	342 - 8400
8. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) assistant treasurer).	of the treasurer of the c	ommittee; and the na	ame and address of
Full Name Laure of Treasurer	ence J. Lasoff	<u> </u>		
Mailing Address	3050 K Street, NW	<u> </u>	<u> </u>	
	Suite 400		<u> </u>	
	Washington		DC 200	
Title or Position	СІТҮ	S	TATE	ZIP CODE
Treasurer/ Couns	el	Telephone number	er 202 – 3	42

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit boxes of Name of Bank, Depos		runus, riolus accounts, tents
Mailing Address	P.O. Box 609	
Mailing Address		
Mailing Address	P.O. Box 609	15230 -
Mailing Address	P.O. Box 609	1,5230 -
Mailing Address Name of Bank, Depos	P.O. Box 609 Pittsburgh CITY STATE	
	P.O. Box 609 Pittsburgh CITY STATE	
	P.O., Box 609 Pittsburgh CITY STATE sitory, etc.	
Name of Bank, Depor	P.O., Box 609 Pittsburgh CITY STATE sitory, etc.	
Name of Bank, Depor	P.O., Box 609 Pittsburgh CITY STATE sitory, etc.	

(3/2005)

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