## 29050054848

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

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Office Use Only

					Chice use Chiy		
NAME OF COMMITTEE (in full)		neck if name changed)	Example:If typing, type over the lines.	12FE4M	_ * * * *		
DMAN. THE CA	RE, 41	PHTINW	MM ALLIAN	CE PAC	<u></u>		
	<u> </u>	1 1 1 1 1 1					
ADDRESS (number and street)	1011	ENNSY	LVANIA AV	E NW			
	MASH 11/6 TON 1 1D4 120,00 41-1						
(Check if address is changed)							
	1. 1. 1. I.	11 12 13 11 24					
		(	CITY	STATE	ZIP CODE		
COMMITTEE'S E-MAIL ADDRES	SS (Please pr	ovide only one e-	mail address)				
(Check if address							
(Check if address is changed)		<u> </u>		11.1.1.1			
COMMITTEE'S WEB PAGE ADD	)RESS (URL	)					
(Check if address is changed)		1 1 1 1 1					
is changed)		<u> </u>	1 1 1 1 1 1 1		<u> </u>		
2. DATE 03 2	3 20	09					
3. FEC IDENTIFICATION NU	IMBER	C	0405277				
4. IS THIS STATEMENT	NEW (N	i) OR	AMENDED (A)				
I certify that I have examined th	is Statement	and to the best	of my knowledge and belie	ef it is true, correc	ct and complete.		
Turn or Brint Name of Transport	JRA (	CEY MO	ORHEAD				
Type or Print Name of Treasure	1		10	<b>y</b> .			
Signature of Treasurer	LAOI	SUO	TWY	Date	3 200)		
NOTE: Submission of false, errone		•	may subject the person signir	•			
Office Use Only			For further information Federal Election Common Toll Free 800-424-9530	ission	FEC FORM 1 (Revised 02/2009)		

	:C FU	7 ( Nevised 02/2003)	age z					
_		COMMITTEE						
Cand		e Committee:						
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	200	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)						
Name ( Candid		<u> </u>						
Candid Party A		Office State ion Sought: House Senate President Distri	8					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candida								
Party	Con	nmittee:						
(d)	SON A	(National, State (Democra This committee is a or subordinate) committee of the Republica	tic, n, etc.) Party.					
Politic	cal A	Action Committee (PAC):						
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a					
,		• •	rganization					
		Membership Organization Trade Association Coopera	ative					
	er:	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 part 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 F	Fund	draising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	political					
· · · ·		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.	political					
	Com	mittees Participating in Joint Fundraiser						
	1.	FEC ID number	gamengar or comm					
	2.	FEC ID number						
;	3.	FEC ID number C						
į	4.							
		in the second of						

			_
FEC Form 1 (Revised	02/2000)		Page 3
Write or Type Committee Nam			rage 3
~	CARE CONTINUUM A	TLLIMA CE PAL	-
6. Name of Any Connected	Organization, Affiliated Committee, Joint	Fundraising Representative	, or Leadership PAC Sponsor
DMAATITHE	CAIGE CONTINUAM	JAILKINANG!	
Mailing Address	MOI PENNSYLVAN	NIALANEINM	/
-	F# 1000		
	MASHINGTON	1111 DG	1200041-1
	CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization	Joint Fundraising Representa	ative Leadership PAC Sponsor
	entify by name, address (phone number o	optional) and position of the p	erson in possession of committee
books and records.			
Full Name TRA	CEY MOORH EAD		
Mailing Address	MOI PENNSYLVA		
-	±1700	1     1	
	WASHINGTON	<u> </u>	120004-
Title or Position	CITY	STATE	ZIP CODE
PRESIDENT	+ CEO	Telephone number 2	04-737-5990
8. Treasurer: List the name a	nd address (phone number optional) of the	he trassurer of the committee	and the name and address of
any designated agent (e.g.,		io acasaror or are committee;	, and the flame and address of
Full Name of Treasurer	CEY, MODRILEAD,,,		
Mailing Address	MOI PENNSYLVANI	M AVE NW	
-	#700		
	414(3) 1 ( = 04)		

Mailing Address

Mailing Address

Mailing Address

MASHINGTON

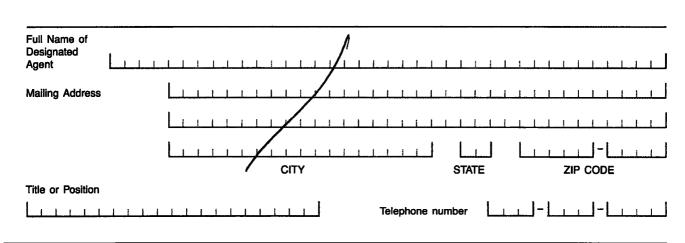
CITY

STATE

ZIP CODE

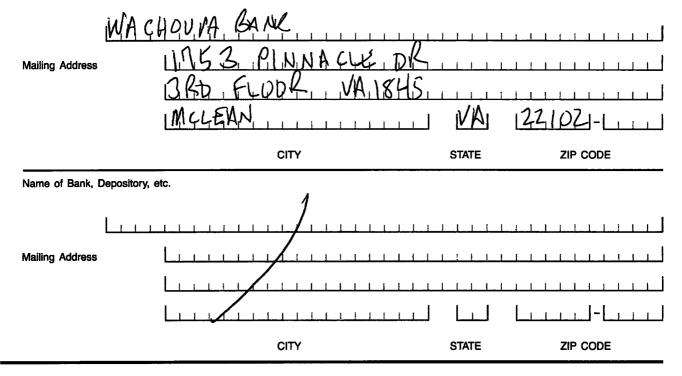
Telephone number

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.



Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible	•				
No Postmark					
Overnight Delivery Service (Specify): Fed 6x	Shipping Date 3/24/09				
Next Business I	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):	eipt or Postmarked				
SN.	3/25/09				
(3/2005)	DATE PREPARED				