

**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

Outdoor Advertising Association of America Political Action Committee

ADDRESS (number and street) 1850 M Street, N.W.

Suite 1040

(Check if address is changed)

Washington

DC

20036

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

kyoakum@oaaa.org

(Check if address is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.oaaa.org

(Check if address is changed)

2. DATE

10 / 04 / 2011

3. FEC IDENTIFICATION NUMBER

C C00045781

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 Mr. Ken Klein

Signature of Treasurer

Mr. Ken Klein

[Electronically Filed]

Date

10 / 04 / 2011

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 02/2009)

5. TYPE 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 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 _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - 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 segregated fund or party 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 Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Outdoor Advertising Association of America Political Action Committee

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Outdoor Advertising Association of America

Mailing Address 1850 M Street NW
 Suite 1040
 Washington DC 20036
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Kerry Yoakum
 Mailing Address 1850 M Street NW
 Suite 1040
 Washington DC 20036
 CITY STATE ZIP CODE
 Title or Position VP Govt Affairs Telephone number 202 833 5566

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 Mr. Ken Klein
 Mailing Address 1850 M Street, NW Suite 1040
 Washington DC 20036
 CITY STATE ZIP CODE
 Title or Position EVP Telephone number 202 833 5566

Full Name of Designated Agent Mr. Ken Klein
Mailing Address 1850 M Street, NW Suite 1040
Washington DC 20036
CITY STATE ZIP CODE
Title or Position EVP Telephone number 202 833 5566

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.

Chain Bridge Bank N.A.
Mailing Address 1445 Laughlin Avenue
McLean VA 22101
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

American Express
Mailing Address P.O. Box 1270
Newark NJ 07101
CITY STATE ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Ms Nancy Fletcher _____

Mailing Address

1850 M Street NW #1040 _____

Washington _____ DC 20036 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

CEO/President _____

Telephone number 202 - 833 - 5566

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C []

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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.

[ADDITIONAL]

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

[ADDITIONAL]

Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:

Connected Organization

Affiliated Committee

Joint Fundraising Representative

Leadership PAC Sponsor

[ADDITIONAL]

Designated Agent

Full Name

Kerry Yoakum _____

Mailing Address

1850 M Street NW _____

Suite 1040 _____

Washington _____ DC 20036 - _____

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

VP Govt Affairs _____

Telephone number 202 - 833 - 5566

[ADDITIONAL]

Joint Fundraiser Participant

FEC ID number

C _____