

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

AUDACITY PAC

ADDRESS (number and street)

1121 NORTH PATRICIA ST

(Check if address is changed)

ALEXANDRIA VA 22314

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

AROSEBERG@CDIBALISTEADUCF.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.DRAFTTOBAMA.ORG

COMMITTEE'S FAX NUMBER

202-530-9463

2. DATE

02 20 2007

3. FEC IDENTIFICATION NUMBER

00431023

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

Andrew M. Rosenberg

Signature of Treasurer

Andrew M. Rosenberg

Date

02 20 2007

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.

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

FEC FORM 1
(Revised 02/2003)

27039392803

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 BARACK OBAMA _____

- (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

Mailing Address _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

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

27039392994

Write or Type Committee Name

AUDACITY 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 ANDREW M RESNIBERG

Mailing Address 1121 NORTH PATRICK STREET

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

EXECUTIVE DIRECTOR Telephone number 703-548-1496

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 ANDREW M RESNIBERG

Mailing Address 1121 NORTH PATRICK STREET

ALEXANDRIA VA 22314

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 703-548-1496

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

27081902005

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.

CITIZENS CHASE BANK

Mailing Address

[Redacted address line]

[Redacted address line]

WASHINGTON DC

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Redacted bank name]

Mailing Address

[Redacted address line]

[Redacted address line]

[Redacted address line]

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt
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Jms
 PREPARER
 (3/2005)

2-23-07
 DATE PREPARED

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