FEC FORM 1

STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  
   Commonsense Ten

ADDRESS (number and street)  
   607 14th Street, N.W.
   Suite 800
   Washington  

CITY  

STATE  

ZIP CODE  

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  
   PLGroup@perkinscope.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
   N/A

2. DATE  
   06/11/2010

3. FEC IDENTIFICATION NUMBER  
   C

4. IS THIS STATEMENT   NEW (N) OR   AMENDED (A)
   X

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  
   Jeffrey Forbes

Signature of Treasurer  

Date  

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.
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: ______
2. ____________________________ FEC ID number: ______
3. ____________________________ FEC ID number: ______
4. ____________________________ FEC ID number: ______
Write or Type Committee Name

Commonsense Ten

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

None

Mailing Address

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

Jeffrey Forbes

Mailing Address

607 14th Street, N.W.

Suite 800

Washington DC 20005

Title or Position

CITY

STATE

ZIP CODE

Telephone number

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

Jeffrey Forbes

Mailing Address

607 14th Street, N.W.

Suite 800

Washington DC 20005

Title or Position

Treasurer

Telephone number
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.

**TD Bank**

Mailing Address: 605 14th Street, N.W.

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<th>CITY</th>
<th>STATE</th>
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Name of Bank, Depository, etc.
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Other (Specify):

PREPARER
(3/2005)

DATE PREPARED