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FEC

STATEMENT OF

FORM 1	ORGANIZAT	ION		
1 011111 1	(See instructions)			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
USINPAC				
ADDRESS (number and s	P.O. Box 222424			
(Check if address				
is changed)	Chantilly		LYA L	20153 -
	CIT	TY.	STATE	ZIP CODE 📥
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail	address)		
(Check if address	spuri@usinpac.com		1111	
is changed)			11111	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)	www.usinpac.com			
io diia igody				
2. DATE 0.4	/ D D / Y Y Y Y Y Y D D D D D D D D D D			
3. FEC IDENTIFICATION	TION NUMBER C	C00381699	1	
4 ICTUIC CTATEM	TAIT NEW (A)	X AMENDED (A)	4	
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ed this Statement and to the best of my knowled	ge and belief it is true, correct an	a complete	
Type or Print Name of	reasurer Sanjay K Puri			
Signature of Treasurer	Electronically Filed by Sanjay K Puri	<u>i</u>	Date 0 4	/ 08 / Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may sub			es of 2 U.S.C. §437g.
	ANY CHANGE IN INFORMATION	N SHOULD BE REPORTED \	WITHIN 10 DAYS	
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	FEC	Form 1 (Revised 02/2009)	Page 2
5.		COMMITTEE (Check One) e 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 information below.)	e candidate
	Name of Candidate	e <u> </u>	
	Candidate Party Affili		State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Cor	(Nedianal Olata	
	(d)	(National, State This committee is a (or subordinate) committee of the	Democratic, Republican,etc.) Party.
	Political A	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	or Organization
		Membership Organization Trade Association Coc	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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.)	
	loint Fund	draising Representative:	
		1	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Co	ommittees Participating in Joint Fundraiser	
		1. FEC ID number	
		2. FEC ID number C	
		3. FEC ID number	
		FEC ID number	

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Write or Type Committee Name			
USINPAC			
6. Name of Any Connected On	ganization, Affiliated Committee, Joint Fundraising	g Representative, or Leader	ship PAC Sponsor
<u> </u>			
Mailing Address			
	CITY	STATE A	ZIP CODE ▲
Relationship: Connected Organization	Affiliated Committee Joint Funds	raising Representative	Leadership PAC Sponsor
possession of Committee	entify by name, address, (phone number opte books and records. K Puri PO Box 222424		·
	Chantilly		20153 _
Title or Position ▼ Custodial	CITY A	STATE & ephone number 703	ZIP CODE 1
name and address of an	and address (phone number optional) of the y designated agent (e.g., assistant treasurer). y K Puri PO Box 222424	treasurer of the committ	ee; and the
	Chantilly		20153
Title or Position ♥	CITY 🛦	STATE ▲	ZIP CODE A
Treasure	r Tek	ephone number 703	_ 488 _ 6978

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	Full Name of Designated Agent					
	Mailing Address					
	Title or Position ▼	CITY A				
		Telep	ohone number			
9.	safety deposit boxes or m	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.				
	Un	nited Bank				
	Mailing Address	14426 Albemarle Point Place, S				
		Chantilly	VA	20151 _		
		CITY 🗖	STATE △	ZIP CODE 🛕		
	Name of Bank, Depositor	y, etc.				
	Na	ational Capital Bank of Washington				
	Mailing Address	316 Pennsylvania Avenue SE				
		Washington	DC L	20003		
		CITY 🗖	STATE △	ZIP CODE 🛕		

 $\textbf{A.} \hspace{0.2cm} \textbf{Form/Schedule}: \hspace{0.2cm} \textbf{F1A}$

Transaction ID:

This amendment is being filed to change the Treasurer and update the banking information. Please update your records accordingly.