

1.) CORPORATION NAME:

**Common Cause Education Fund**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LANE 2ND FL  
VIRGINIA BEACH, VA 23462**

DUE DATE: **10/31/2011**

SCC ID NO: **F1839184**

5.) STOCK INFORMATION

CLASS	AUTHORIZED

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**VIRGINIA BEACH CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1133 19TH STREET NW SUITE 900

CITY/ST/ZIP: WASHINGTON, DC 20036-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: BOB EDGAR  
TITLE: PRESIDENT  
ADDRESS: 1133 19TH STREET NW  
SUITE 900  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: BETH GARRETT  
TITLE: TREASURER  
ADDRESS: 1133 19TH STREET NW  
SUITE 900  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: MARTHA TIERNEY  
TITLE: CHAIR  
ADDRESS: 1133 19TH STREET NW  
SUITE 900  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: BEN BARBER  
TITLE: DIRECTOR  
ADDRESS: 1133 19TH STREET NW  
SUITE 900  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: MARGARET FUNG  
TITLE: DIRECTOR  
ADDRESS: 1133 19TH STREET NW  
SUITE 900  
CITY/ST/ZIP/CO: WASHINGTON, DC 20036-

OFFICER

DIRECTOR

NAME: LEN HILL TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MAYA MACGUINEAS TITLE: SECRETARY ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JACK TAYLOR TITLE: Vice Chair ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JULIE FERNANDEZ TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JACK GOULD TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER LAURIA TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LEONARD BAYNES TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD PACHIOS TITLE: DIRECTOR ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ BETH GARRETT</u>	<u>BETH GARRETT, TREASURER</u>	<u>10/5/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.