

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

**Common Cause Education Fund**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1839184**

**CORPORATE CREATIONS NETWORK INC  
4445 CORPORATION LANE 2ND FL  
VIRGINIA BEACH, VA 23462**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Jack Gould 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: TREASURER ADDRESS: 1133 19TH STREET NW SUITE 900 CITY/ST/ZIP/CO: WASHINGTON, DC 20036	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: Robert Reich TITLE: 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: BEN BARBER 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: Chang K. Park 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: MARGARET FUNG 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: 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: 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: 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.		
/s/ Jack Gould	Jack Gould, SECRETARY	10/18/2012
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.		