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MILL NOV 12 AM 9: 00
FEC MAIL CENTER

Committee Name: Americans Against Impersonators		
If registered, FEC ID:	·	
Today's Date:		
4 November 2014		

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

Hailey Elias

Treasurer

1403-134-0005

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	ONGANIZA	AT ION	78341404 15 MU 2:00
			FFODICPADELLONCERTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Hamerine ans	Againstilm	mersionatoir	<u>S </u>
ADDRESS (number and street)	1871 010	main Divivie	
(Check if address is changed)	GIVIOIVE HIQL	11 424	
	Shippensb city	wrgiiii	PA 17257- ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)		<u> </u>	
3 ,	Optional Second E-Mail Ac	ddress	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)		
(Check if address is changed)			
-H - H - / - 2		,	
2. DATE	6/2014		
3. FEC IDENTIFICATION N	IUMBER >	nga kegamaga an , kangan kejalah jalah Persahas ah sembasa be ndiserah se	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the bes	st of my knowledge and belief it	t is true, correct and complete.
Type or Print Name of Treasur	er Hailey Eli	as ·	
Signature of Treasurer	Haily Ein	25	Date 1.11 06 20.14
NOTE: Submission of false, error		n may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530	CCL. CLIBNI 1

FEC	For	m 1 (Revised 02/2009)	Page 2
		DMMITTEE	
Candid	date	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. (Compinformation below.)	olete the candidate
Name of Candidat			<u> </u>
Candida Party Af		Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida			
Party (Com	nmittee:	/Da
(d)			(Democratic, Republican, etc.) Party.
Politic	ai A	ction Committee (PAC):	·
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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 se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint F	und	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
•	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number C	

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Write or Type Committee Name	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person i books and records. 	n possession of committee
Full Name Allexandiva Byrne	
Mailing Address Hi Molkini ing Sitian i Lini i i i i i i i i i i i i i i i i	1 1 1 1 1 1
0	7257-
Title or Position CITY STATE	ZIP CODE
Pirilisiidileintii Telephone number 4:84	-14:3:31-19:2:4:1
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	he name and address of
Full Name of Treasurer Hankey Elinas	<u> </u>
Mailing Address (3,4,0, 1,5,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,	
Shippenshurg PA L	7.2.57+-
CITY J STATE Title or Position	ZIP CODE
Telephone number 7,1,7	-586-7145

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

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DE NOV 2014 FM 2 L

Federal Election Commissión 909 E Street, N. W.

Washington D.C.

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From: 1871 old Main Drive Grove Hall 424

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING I The FEC added this page to the end of this filing to indicate h	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
,	
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
	11/13/14
PREPARER (8/2013)	DATE PREPARED
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