PAGE 1/5 =

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. People Not Super PACs 3657 S Sunnyfield dr ADDRESS (number and street) (Check if address is changed) Copley 44321 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS peoplenotsuperpacs@gmail.com (Check if address is changed) Optional Second E-Mail Address svs@svsmediaworks.com COMMITTEE'S WEB PAGE ADDRESS (URL) http://peoplenotsuperpacs.org/ (Check if address is changed) DATE 2016 C00619726 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Mr. Scott V Smith Type or Print Name of Treasurer Mr. Scott V Smith [Electronically Filed] 06 13 2016 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>				
TYP	E OF C	OMMITTEE	1 ago 2				
Car	ndidate	lidate 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.)					
Nam Cand	e of didate						
	didate y Affiliati	Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Part	ty Con	Committee:					
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	itical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected 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 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.)					
Join	t Func	Iraising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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.	vo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam	·	. ago e
People Not Sur	per PACs	
•	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE 2	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
<ul> <li>Custodian of Records: Ide books and records.</li> </ul>	ntify by name, address (phone number optional) and position of the person in poss	ession of committee
Mr. Scott	V Smith	1
Full Name	3657 S Sunnyfield Dr	
Mailing Address		
	Copley , OH , 44321	
	oopicy on the second of the se	
Title or Position	CITY STATE 2	IP CODE
Treasurer	Telephone number 330 - 5	90 - 5731
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	ne and address of
Full Name Mr. Scott of Treasurer	V Smith	
Mailing Address	3657 S Sunnyfield Dr	
	Copley OH 44321	
Title or Position	CITY STATE Z	IP CODE
Treasurer		90 5731

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Alec M Smith	
Mailing Address	3657 S Sunnyfield Dr	
	Copley OH 44321  CITY STATE Z	IP CODE
Title or Position  Designated Age	nt Telephone number 330 - 50	64 6875
Name of Bank, D	epository, etc.  US Bank  2820 West Market ST	
Mailing Address		
	Fairlawn OH 44333	
	CITY STATE Z	ZIP CODE
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY STATE Z	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: