

# Marylanders for Better Americans in Maryland

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FEC MAIL CENTER

May 12, 2012

Federal Election Commission

999 E Street, NW

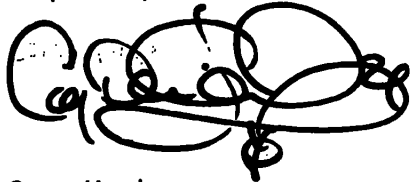
Washington, DC 20463

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,



Corey Harris

Treasurer

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

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For help completing Form 1, please double-click the icon next to each line number.

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

FEC MAIL CENTER  
12FE4M5

Marylanders for Better Americans in Maryland

ADDRESS (number and street)

2700 Classen Ave

(Check if address is changed)

Baltimore

MD

21215

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

mfbaim@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

05 / 12 / 2012

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer

Signature of Treasurer

Date

M M / D D / Y Y Y Y

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 02/2009)

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5. TYPE OF COMMITTEE

**Candidate 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.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political 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 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 or party 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.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.	_____	FEC ID number	<input type="text"/>
2.	_____	FEC ID number	<input type="text"/>
3.	_____	FEC ID number	<input type="text"/>
4.	_____	FEC ID number	<input type="text"/>

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Write or Type Committee Name

Marylanders for Better Americans in Maryland

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY STATE ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Corey Harris

Mailing Address 2700 Classen Ave

[Empty grid lines for address]

Baltimore MD 21215

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 410 - 493 - 4854

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Corey Harris

Mailing Address 2700 Classen Ave

[Empty grid lines for address]

Baltimore MD 21215

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 410 - 493 - 4854

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Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. 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.

Municipal Employees Credit Union

Mailing Address

6814 Reisterstown Rd

[Grid for Mailing Address Line 2]

Baltimore MD 21215

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click here for a video printing demonstration.

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Date of Receipt

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Date of Receipt

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Date of Receipt

Other (Specify):

Date of Receipt or Postmarked



PREPARER  
(3/2005)

5/18/12  
DATE PREPARED

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