STATEMENT OF

PAGE 1/5 =

FORM 1		ORGANI	ZATION		Office Hee Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.		Office Use Only
SUPPORTIN	G UNIT	ED STATES OF	AMERICA'S NEXT	LEADERS P	AC (SUSAN PAC)
ADDRESS (number a	nd street)	9425 N MERIDIAN STREE	ET #237		
(Check if a is changed					
is change.	•)	INDIANAPOLIS CITY		IN L ⁴	6260
COMMITTEE'S E-MA	AIL ADDRES	SS			
(Check if a is changed		thomas@maximumo	compliance.com		
		Optional Second E-Mail	Address		
COMMITTEE'S WEB (Check if a is changed)	address	L			
2. DATE 0	M / D 15	2018			
3. FEC IDENTIFIC	CATION NU	MBER ▶ C	C00564385		
4. IS THIS STATEN	MENT X	NEW (N) OR	AMENDED (A	N)	
certify that I have e	examined thi	s Statement and to the be	est of my knowledge and beli	ef it is true, correct ar	nd complete.
Type or Print Name	of Treasurer	Maxwell, Thomas, Francis	s, , III		
Signature of Treasure	er <i>Maxwe</i>	ell, Thomas, Francis, , III	[Electronically Filed]	Date 01	15 / 2018
NOTE: Submission of			ion may subject the person sign ATION SHOULD BE REPORTE	-	e penalties of 2 U.S.C. §437g.
Office Use Only			For further informati Federal Election Com Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 06/2012)

EEA	Form 1 (Revised 02/2009)	Page 2
	F COMMITTEE	1 aye 2
Candid	late 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. (Cominformation below.)	plete the candidate
Name of Candida		
Candida Party Af	3.1133	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (Committee:	
(d)		(Democratic, Republican, etc.) Party
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organization is
. ,	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	undraising 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
(committees Participating in Joint Fundraiser	
1	. C	
2	. FEC ID number	
3	. FEC ID number	
2	.	

			_ I
FEC Form 1 (Revised (Page 3
Write or Type Committee Name			
SUPPORTING UNI	TED STATES OF AMERICA	A'S NEXT LEADE	RS PAC (SUSAN PAC)
6. Name of Any Connected C	Organization, Affiliated Committee, Joint	Fundraising Representative	re, or Leadership PAC Sponsor
BROOKS, SUSAN, , ,			
Mailing Address	13406 BIRKENHEAD STREET		
	CARMEL	IN	46032
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represen	ntative Leadership PAC Sponsor
 Custodian of Records: Ider books and records. 	tify by name, address (phone number o	optional) and position of the	person in possession of committee
	homas, Francis, , III		1
Full Name	4703 Woodway Lane, NW		
Mailing Address			
	Washington	DC L	20016
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	202 557 - 1398
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t ssistant treasurer).	ne treasurer of the committe	ee; and the name and address of
Full Name Maxwell, T	homas, Francis, , III		1
of Treasurer			
Mailing Address	4703 Woodway Lane, NW		
	Washington	DC	20016
Title or Position , Treasurer	CITY	STATE	ZIP CODE 202 557 1398
		Telephone number	

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Full Name of Designated Agent	Christofolis, Judy, , ,	
Mailing Address	1940 Muessing Road	
	Indianapolis IN 46239	
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number	
Danka an Othan	n Damanian i interes de contrata de contrata in cultina de conscitato de contrata de contr	s accounts rents
safety deposit b	r Depositories: List all banks or other depositories in which the committee deposits funds, hold loxes or maintains funds.	s doodants, ronts
safety deposit b	oxes or maintains funds.	s accounts, ronts
safety deposit b	oxes or maintains funds.	
safety deposit b	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue	
safety deposit b Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue	ZIP CODE
safety deposit b Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean VA 22101	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean VA 22101	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean VA 22101	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Chain Bridge Bank 1445 Laughlin Avenue McLean CITY STATE Depository, etc.	ZIP CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fund PERITY COMMITTEE	draising Representative	e, or Leadership PAC Spon
Mailing Address	4703 WOODWAY LANE, NW		
	WASHINGTON	DC L	20016
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint	int Fundraising Represent	Leadership PAC Sp
		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif		int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Sp
esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or make of Bank, epository, etc.	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whice	STATE A Telephone Number	ZIP CODE A