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2017 JAN 18 PM 12: 33

PARSIPPANY FORWARD
PO BOX 8054
PARSIPPANY, NJ 07054

January 13, 2017

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Re: Form 1, Statement of Organization – Unlimited Contributions

To Whom It May Concern:

This political 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 and from unlimited sources consistent with federal law. The committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Tanya L. Paiz, Treasurer

2017-01-18-03-001320085

FEC FORM 1

STATEMENT OF ORGANIZATION

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12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

PARSIPPANY FORWARD

ADDRESS (number and street) (Check if address is changed)

P.O. BOX 8054

CITY ▼ PARSIPPANY

STATE ▼ NJ

ZIP CODE ▼ 07054 -

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed)

ALCHEMYCOMPLIANCE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed)

2017011803013208 6

2. DATE (MM / DD / YYYY) 01 / 13 / 2017

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT [X] 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 TANYA PAIZ

Signature of Treasurer

Date 01 / 13 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
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 06/2012)

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) [X] 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 C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

2017-01-18-05-00-13-20-87

Write or Type Committee Name

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

NONE

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: TANYA PAIZ

Mailing Address: P.O. BOX 8054

PARSIPPANY | NJ | 007054

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 908 - 316 - 8184

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: TANYA PAIZ

Mailing Address: P.O. BOX 8054

PARSIPPANY | NJ | 07054

CITY STATE ZIP CODE

Title or Position: TREASURER

Telephone number: 908 - 316 - 8184

2017-01-18-03-001320888

Full Name of Designated Agent: SEAN M CADDLE

Mailing Address: P.O. BOX 8054

PARSIPPANY | NJ | 07054

CITY | STATE | ZIP CODE

Title or Position: ASSISTANT TREASURER

Telephone number: 908 - 316 - 8184

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.: ATLANTIC FEDERAL CREDIT UNION

Mailing Address: 37 MARKET STREET

KENILWORTH | NJ | 07033

CITY | STATE | ZIP CODE

Name of Bank, Depository, etc.:

Mailing Address:

CITY | STATE | ZIP CODE

2017-01-18-03-001320089

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PARSIPPANY FORWARD
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PO BOX 8054
PARSIPPANY NJ 07054

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Federal Election Commission
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PREPARER		1/18/17 DATE PREPARED

(3/2015)

2017-01-18-03-001320-91