TuckFrump.com December 28, 2015 FEC MAIL CENTER 2015 DEC 29 AM 11: 34

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,

Luke Montgomery, Treasurer

## **FEC** FORM 1

Use

Only

## STATEMENT OF **ORGANIZATION**

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*FEC	M Office	Use Onty

(Revised 06/2012)

	<del></del>		FEC M	FOCIVED
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12984M5C	29 AM) 1: 34
TuckFrump.com			<u>4                                    </u>	
			<del></del>	
ADDRESS (number and street)	PO BOX 10472		 <u></u>	
(Check if address is changed)			<u> </u>	
	City ▲		OH 4	43201
COMMITTEE'S E-MAIL ADDRES	3S			
(Check if address is changed)	Campaign@Tu	ckFrump.com		1
	Optional Second E-Mail	Address		
(Check if address is changed)  2. DATE 12	TuckFrump.co	om 		
3. FEC IDENTIFICATION NU	MBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined thi	is Statement and to the be	est of my knowledge and belief i	it is true, correct a	nd complete.
Type or Print Name of Treasurer	Luke Montgome	ery		
Signature of Treasurer			Date 12	´ [28° ´ 2015´ `
NOTE: Submission of false, errone		on may subject the person signing		ne penalties of 52 U.S.C. §30109
Office Use		For further information Federal Election Commiss	contact:	FEC FORM 1

Toll Free 800-424-9530

Local 202-694-1100

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5.			COMMITTEE		
	(a)	O	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 Candi				
	Candi Party	date Affiliatio	Office State Sought: House Senate President District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Party	y Com	mittee:		
	(d)		(National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.		
	Polit	ical A	ction 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.		
	<b>(f)</b>	$\overline{\mathbf{X}}$	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	Fund	raising 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)	n	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political		
		أعجا	committees/organizations, none of which is an authorized committee of a federal candidate.		
,		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number		
		2.	FEC ID number		
		3.	FEC ID number		
		4.	FEC ID number		

Write or Type Committee Name

Title or Position

Treasurer / Campaign Manager,

person in possession of committee

Leadership PAC Sponsor

6. Name of Any Conn	ected Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor					
Mailing Address							
	CITY STATE	ZIP CODE					
Relationship: Co	onnected Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Spor					
7. Custodian of Records books and records. Full Name	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commit books and records.						
i an manie	uķe Montgomery	<del>                                     </del>					
Mailing Address	PO BOX 10472	<del>                                     </del>					
_							
	[Columbus OH]	43201   -					
Mailing Address  Title or Position	CITY STATE	ZIP CODE					
Treasurer / C	ampaign Manager Telephone number	23 _ 522 _ 5530					
	ame and address (phone number optional) of the treasurer of the committee (e.g., assistant treasurer).	e; and the name and address o					
Full Name of Treasurer	uke Montgomery	1111111					
Mailing Address	PO BOX 10472	<del></del>					
	Columbus , , , , , , , , , , , , , , , , , , ,	43201    -					

CITY

ZIP CODE ee; and the name and address of STATE ZIP CODE | 323 |-| 522 |-| 5530 Telephone number

CITY

ZIP CODE

STATE

Mailing Address

## ack Frump com 0. Box 10472 0256 HO 529



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**WASHINGTON DC 20463** 

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USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	12-28-15
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business D	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):	eipt or Postmarked
	12-29-15
PREPARER (3/2015)	DATE PREPARED