

RECEIVED

2014 DEC 15 AM 11:30

FEC MAIL CENTER

Committee Name:

I Can't Breathe

If registered, FEC ID:

Today's Date:

12/10/14

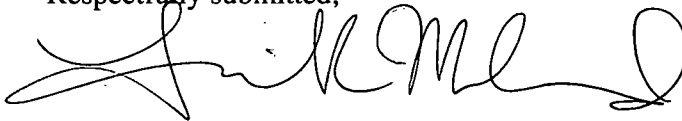
Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

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,



Treasurer's Name:

Tarik Mohamed

, Treasurer

1-800-438-6644

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2014 DEC 16 AM 11:39

Office Use Only

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

US MAIL CENTER

I Can't Breathe

ADDRESS (number and street)

1113 Lefferts Pl

☐

(Check if address  
is changed)

Brooklyn

CITY ▲

NY

STATE ▲

11238-

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

icantbreathepac@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

www.icantbreathepac.com

www.icantbreathepac.org

2. DATE

MM  
12

DD  
10

YYYY  
2014

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

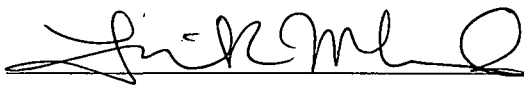
AMENDED (A)

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

Tarik Mohamed

Signature of Treasurer



Date

MM  
12

DD  
10

YYYY  
2014

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) ☒ 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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

Write or Type Committee Name

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

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

Full Name of  
Designated  
Agent

Mailing Address

Title or Position

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.

Mailing Address

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

CITY

STATE

ZIP CODE

**RITY®**

**RVICE**

**PRIORITY MAIL  
POSTAGE REQUIRED**

**PLEASE PRESS FIRMLY**

|                                                                                   |                        |                                                                                     |  |
|-----------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------|--|
|  |                        | <b>Retail</b>                                                                       |  |
| <b>P</b>                                                                          | <b>US POSTAGE PAID</b> |                                                                                     |  |
|                                                                                   | <b>\$5.90</b>          |                                                                                     |  |
| Origin: 10017<br>2.80 oz.<br>12/10/14<br>3596100010-04                            | 1006                   |                                                                                     |  |
| <b>PRIORITY MAIL® 2-DAY</b>                                                       |                        |                                                                                     |  |
| Expected Delivery Day: 12/13/14                                                   |                        |                                                                                     |  |
| USPS TRACKING NUMBER                                                              |                        |  |  |
|                                                                                   |                        | 9505 5110 6847 4344 4109 06                                                         |  |

**From:/Expéditeur:**

Tarik Mohamed  
113 Lafayette Pl  
Brooklyn, NY 11238

**To:/Destinataire:**

Federal Election Commission  
999 East N.W.  
Washington, DC 20463

Country of Destination:/Pays de destination:

FEC MAIL CENTER

2014 DEC 16 AM 11:39

RECEIVED

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

|                                                                            |                                                     |
|----------------------------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Hand Delivered                                    | Date of Receipt                                     |
| <input type="checkbox"/> USPS First Class Mail                             | Postmarked                                          |
| <input type="checkbox"/> USPS Registered/Certified                         | Postmarked (R/C)                                    |
| <input checked="" type="checkbox"/> USPS Priority Mail                     | Postmarked<br>12/10/14                              |
| <input type="checkbox"/> USPS Priority Mail Express                        | Postmarked                                          |
| <input type="checkbox"/> Postmark Illegible                                |                                                     |
| <input type="checkbox"/> No Postmark                                       |                                                     |
| <input type="checkbox"/> Overnight Delivery Service (Specify):             | Shipping Date                                       |
|                                                                            | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office        | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office            | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):                                  | Date of Receipt or Postmarked                       |

  
PREPARER  
(8/2013)

12/16/14  
DATE PREPARED