## HAND DELIVERED

Our Voices Matter PAC P. O. Box 10781 Pittsburgh, Pennsylvania 15203 RECEIVED
2014 SEP 10 PM 2: 40
FEC MAIL CENTER

September 9, 2014

Federal Election Commission 999 E Street, N.W. 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 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,

CHARLES PASCAL, Treasurer

## 1407 129 2195

**FEC** FORM 1

## HAND DELIVERED STATEMENT OF **ORGANIZATION**

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				".Q.	ffice Use Quly CERIFY
NAME OF     COMMITTEE (in full)	(Check if name is changed)		mple: If typing, type r the lines.	12FE4M5	
DUR VALCES	MAITITER			<u>                                      </u>	
ADDRESS (number and street)	Pol Bax	1,0,78	<u> </u>		
(Check if address is changed)					
	PHITITIS BU	REH .		STATE A	5203 - L L L L L ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS				
(Check if address is changed)	10,4,5,0,1,C	e sma	titerioa@a	Maillic	OM
is snanges,	Optional Second E-M		v - <i>J</i>	•	<del></del>
COMMITTEE'S WEB PAGE ADI	ORESS (URL)				
(Check if address is changed)					
	1	1 1 1 1 1			1
2. DATE $0.9$	9 2014				
3. FEC IDENTIFICATION NU	JMBER ▶				
4. IS THIS STATEMENT		DR [	AMENDED (A)		
I certify that I have examined the	nis Statement and to the	e best of my	knowledge and belief it	is true, correct and	d complete.
Type or Print Name of Treasure	CHARLES	s Pass	AL		
Signature of Treasurer	Mush	1/1/		Date 09	09/2014
NOTE: Submission of false, errone			bject the person signing t		penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

	FEC Fo	rm 1 (Hevised 02/2009) Page 2					
		OMMITTEE					
Can	mest.	e 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.)					
Nam Cand	e of didate						
	didate y Affiliati	on Office State President District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Cor	nmittee:					
(d)		This committee is a (National, State (Democratic, Republican, etc.) Party.					
Poli	itical A	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.)					
Joir	nt Fund	draising 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.					
	Con	nmittees Participating in Joint Fundraiser					
	1.	FEC ID number C					
	2.	FEC ID number C					
	3.	FEC ID number C					
	4.						
		or <u>te trade de la completa de la la desta de la della della</u>					

ı	FEC Form 1 (Revised	02/2009)			Page <b>3</b>	<b>.</b>
.w	rite or Type Committee Nan	16		:		
	Our Vo	rices Matter				
6.	Name of Any Connected	Organization, Affiliated Committee,	Joint Fundraising Repre	esentative, or L	eadership PAC Spo	nsor
L		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			· . <u>                                    </u>	
L						
	Mailing Address					
		CIŢY		STATE	ZIP CODE	
	Relationship: Connect	ed Organization Affiliated Committe	ee Joint Fundraising	Representative	Leadership PAC	Sponsor
7.	Custodian of Records: Ide	entify by name, address (phone numb	per optional) and position	on of the person	n in possession of c	ommittee
	Full Name	ARLES PASCI				· - 1
	Mailing Address	PO BOX 11978	,	1111	<del></del>	
		<u> </u>	<u> </u>	1 1 1 1		
		PITTISBURGH		PA L	15293-	
	Title or Position	CITY		STATE	ZIP CODE	
	EXI DILL	TREAS	Telephone num	ber 72.4	-1-19 <i>51</i> -13	770
8.	Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional assistant treasurer).	I) of the treasurer of the	committee; and	the name and addr	ess of
	Full Name of Treasurer	RLEG PASCAL		<del></del>		
	Mailing Address	Po Box 1078		1.1.1.1	1	
					1 1 1 1 1 1 1	
		PITTSBURGH CITY		LA L	15203]- ZIP CODE	1
	Title or Position  EX DIR /T	REAS	Telephone numl	per 724	H-1957-131	7,70

CITY

STATE

ZIP CODE

1403 129 2196

Mailing Address

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Other (Specify):	Date of Receipt or Postmarked			
A	9/11/14			
(8/2013)	DATE PREPARED			