6/22/12

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:

Taylor Mosolf

, Treasurer

2030833226

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JUL 11 AM 9:37

Office-Wse Qnly .

					Office-Use Only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example If typing, type over the lines.	12FE4M5	i i
I am a Pierr	2101 <i>0</i> 1			 <u> </u>	
					
ADDRESS (number and street)	1,2	16151 IEI 110	1011811111	 	
ি দিলেং if address					
is changed)	Sia	liti Ligikie	City	التما	8.4.1.0.72 - 1.1
	,		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Diag				•
COMMITTEES E-MAIL ADDITE			inisiuideiripiaica	Darwaid	1.1000
(Check if address is changed)	1	THAT IS IO	managen glace	A THE OWNER OF THE OWNER OWNER OF THE OWNER OW	
,	LL_		<u> </u>	1 1 1 1 1	
COMMITTEE'S WEB PAGE AD	DRESS	(URL)			
(Check if address	LL				
is changed)		<u> </u>			
2. DATE 6 6 2	21	Valgadian graphing or pour 2 de la confession de la confe			
3. FEC IDENTIFICATION N	JMBER	C	ram da gazam na firsam ng manan ga nasanga dasang nahang E Manandi tramadi tramadi Amundika narahkan makan makan mali		
4. IS THIS STATEMENT	. NE	W (N) OR	AMENDED (A)		
I certify that I have examined to	nis State	ment and to the best	of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasure	Τ΄,	aylor Mos	210		
Signature of Treasurer	Im	Mrs.	2	Date 0	7.2 2012
			}	Shelter/Street	
NOTE: Submission of false, errone			may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

Pa	an	2
	uc.	- 4

5.			OMMITTEE Committee:
	(a)	uluate	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	Part I	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		
	Candi Party	idate Affiliatio	Consequent Control of the Control of
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Con	nmittee:
	(d)		This committee is a (National, State 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.
	(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	t 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)		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.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2	
		2.	Sames formed the medical section of the medic
•		3.	FEC iD number C
		4.	FEC ID number C

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Name	9	
6. Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Mailing Address		
<u>.</u>		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	eadership PAC Sponsor
 Custodian of Records: Idea books and records. 	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name TIMY	LIDITI ILIPINISI IMOISIONIFI	
Mailing Address	1)1216151 1E1 111019 1S1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Signification Ciritizin VIT 18141	(1012 - 111
Title or Position	CITY STATE	ZIP CODE
Titlelaismirlein	Telephone number 5,0A-	2,6,0-10,0,7,4
B. Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the nassistant treasurer).	ame and address of
Full Name of Treasurer Tiayi	horriteinisi Mioisioilifi	1.
Mailing Address	11.2.6.5. 15. 11.0.0. 15. 1. 1. 1. 1. 1. 1.	
	Siailiti Liaikie Ciirtiyi I VITI 18141 CITY STATE	ZIP CODE
Title or Position	Telephone number 5,0,9-1	216101-10101714

FEC Form 1 (Revised	d 02/2009)		· · · · · · · · · · · · · · · · · · ·	Page 4
Full Name of Designated Agent	1018 Herrice	is is impossion	ę, , , , , ,	
Mailing Address	11216151 1E1 1110	0151111	11111	
	Sign it i Lightie	/	STATE	ZIP CODE
Title or Position		Telephon	ne number 50	A-12,6,0-10,0,7,7
Banks or Other Depositori safety deposit boxes or main Name of Bank, Depository,		positories in which the co	ommittee deposits fu	inds, holds accounts, rents
·				
K, e, y,	Bank			
Mailing Address	[2,9,0, 1S1 11,310	015111		
	Sigiliti iLigikie	Ciltix	لتسا لـ	81411012-111
	СІТ	Υ	STATE	ZIP CODE
Name of Bank, Depository,	etc.			
		<u> </u>		
Mailing Address				
			111111	
			ليا ل	<u> </u>
	CIT	Υ	STATE	ZIP CODE

Į		
i)
ı	J	1
ŗ	١,	J
ľ		
İ		
	ľ)
C)
ľ	ľ	١
C		۱
ſ	١	I
۲	•	į
_	_	J

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS** Priority Mail Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** 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 or Postmarked Other (Specify): DATE PREPARED