Image#	29991	868230
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in f	ull) (Check if name Example: If typying, type over the lines	12FE4M5
American Suc	cess Political Action Committee	
ADDRESS (number and s	tract) 1155 21st Street NW	
	∫ Şujte,300	· · · · · · · · · · · · · · · · · · ·
(Check if address is changed)	Washington	
	CITY	STATE ZIP CODE
COMMITTEE'S E-MAI	ADDRESS (Please provide only one e-mail address)	
(Check if address	mgkelley@wms-jen.com	
is changed)	1	
		·····
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address		
is changed)		· · · · · · · · · · · · · · · · · · ·
2. DATE 03	/ D D / Y Y Y Y 27 / 2009	
3. FEC IDENTIFICA	TION NUMBER C C00336644	
4. IS THIS STATEM	ENT NEW (N) OR X AMENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete
Type or Print Name of	Treasurer Walt Mix	
Signature of Treasurer	Electronically Filed by Walt Mix	Date 03 / 27 / Y Y Y Y 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this State ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office	For further information c	ontaat:

Office Use Only					For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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FEC	Form 1 (Revised 02/2009)	Page 2
5. TYPE OF C	OMMITTEE (Check One)	
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 information below.)	ne candidate
Name of Candidate		
Candidate Party Affiliat	tion 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 Com (d)	mittee: (National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	tion Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connecte	d organization is a:
	Corporation Corporation w/o Capital Stock La	bor Organization
	Membership Organization Trade Association Co	ooperative
	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 committee. (i.e., nonconnected committee)	d fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundra	aising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political

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

(h)

1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.	[FEC ID number	C

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
American Success Political Action Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor

Mailing Address	233 Cannon HOB		
	Washington		20515
	CITY	STATE 🛦	ZIP CODE
Relationship: Connected Organization	Affiliated Committee Joint	Fundraising Representative X	Leadership PAC Sponsor
Custodian of Records: Ide possession of Committee	entify by name, address, (phone number - books and records.	- optional), and position of th	ne person in
Full Name	th Kelley		
Mailing Address	1155 21st ST, NW		
	Suite 300		
	Washington	DC	20036 _
Title or Position ♥	CITY A	STATE Telephone number 202	ZIP CODE 🛦 - 659 - 8201

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	Walt Mix			
Mailing Address		1155 21st Street, NW		
		Suite 300		
		Washington	DC	20036
Title or Position ¥			STATE	
		Тек	ephone number	

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE
	Te	ephone number	
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc.	committee deposits funds, hc	olds accounts, rents
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