**FEC** 

## STATEMENT OF

PAGE 1 / 4

**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Our America, Inc. 9935-D Rea Rd ADDRESS (number and street) Suite 127 (Check if address is changed) Charlotte 28277 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS reporting@ouramericaaction.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2014 C00555326 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Chris Taylor Type or Print Name of Treasurer Chris Taylor [Electronically Filed] 07 30 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FEC <b>Fo</b>                | rm 1 (Revised 02/2009)  | Page <b>2</b>             |
|------------------------------|---|---------------------------|
| TYPE OF C                    |   | <u>-</u>                  |
| (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. (Corinformation below.)   | nplete the candidate      |
| Name of<br>Candidate         |   |                           |
| Candidate<br>Party Affiliati | Office Sought: House Senate President   | State                     |
| (c)                          | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |                           |
| Name of Candidate            |   |                           |
| Party Con                    | nmittee: (National, State   | (Democratic,              |
| (d)                          | This committee is a or subordinate) committee of the  | Republican, etc.) Party   |
| Political A                  | ction Committee (PAC):  |                           |
| (e)                          | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co   | nnected 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 scommittee. (i.e., nonconnected committee)   | egregated fund or party   |
|                              | 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 the 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 t 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   |                           |

| FEC <b>Form 1</b> (Revi                          | ised 02/2009)   | Page <b>3</b>                |
|--|---|------------------------------|
| Write or Type Committee N                        |   | -                            |
| Our America,                                     | , Inc.  |                              |
| 6. Name of Any Connect                           | ted Organization, Affiliated Committee, Joint Fundraising Representative, or L                            | eadership PAC Sponsor        |
| NONE   |   |                              |
|  |   |                              |
| Mailing Address                                  |   |                              |
|  |   |                              |
|  |   |                              |
|  | CITY STATE  | ZIP CODE                     |
| Relationship: Conn                               | nected Organization Affiliated Committee Joint Fundraising Representative                                 | Leadership PAC Sponsor       |
| Custodian of Records: books and records.         | : Identify by name, address (phone number optional) and position of the person                            | n in possession of committee |
| Chris Full Name                                  | a Taylor  |                              |
| Mailing Address                                  | 1012 Market Street  |                              |
| Maining Address                                  | Suite 305-5   |                              |
|  | Fort Mill SC 2  | 29708                        |
| Title or Position                                | CITY STATE  | ZIP CODE                     |
| Treasurer  | Telephone number  |                              |
| Treasurer: List the name any designated agent (e | ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer). | the name and address of      |
| Full Name Chris of Treasurer                     | Taylor  |                              |
| Mailing Address                                  | 1012 Market Street  |                              |
|  | Suite 305-5   |                              |
|  |   | 29708                        |
| Title or Position<br>Treasurer                   | CITY STATE  952   | ZIP CODE                     |
|  | Telephone number  |                              |

| FEC Form 1 (Re  | evised 02/2009)   | Page <b>4</b> |
|---|---|---------------|
|   |   |               |
| Full Name of Designated   |   |               |
| Agent   |   |               |
| Mailing Address   |   |               |
|   |   |               |
|   | CITY STATE  | E ZIP CODE    |
| Title or Position   |   |               |
|   | Telephone number  |               |
| safety deposit boxes or<br>Name of Bank, Deposit                          |   |               |
| safety deposit boxes or<br>Name of Bank, Deposit                          | maintains funds. tory, etc.   |               |
| safety deposit boxes or<br>Name of Bank, Deposit                          | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW                          | C   20006     |
| safety deposit boxes or<br>Name of Bank, Deposit                          | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW  Washington  CITY  STATE | C   20006     |
| safety deposit boxes or<br>Name of Bank, Deposit<br>We<br>Mailing Address | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW  Washington  CITY  STATE | C   20006     |
| Name of Bank, Deposit  Name of Bank, Deposit  Mailing Address             | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW  Washington  CITY  STATE | C   20006     |
| Name of Bank, Deposit  Name of Bank, Deposit  Mailing Address             | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW  Washington  CITY  STATE | C   20006     |
| safety deposit boxes or<br>Name of Bank, Deposit<br>We<br>Mailing Address | maintains funds. tory, etc.  Ils Fargo  1700 Pennsylvania Ave NW  Washington  CITY  STATE | C   20006     |