

2013 AUG 19 AM 10: 33

Committee Name:

Gates of Learning

If registered, FEC ID:

Today's Date:

08/14/2013

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:

R. Bailey Rogg

, Treasurer

503111128

FORM 1

STATEMENT OF **ORGANIZATION**

RECEIVED

			2013 A1970cd 900 ANN 8: 25				
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MEC MAIL CENTER				
GATIES OF LEARNING							
ADDRESS (number and street)	1717 SITIFIUIA	RT AVE					
(Check if address is changed)							
	TIT H A C A L L CITY ▲		STATE A ZIP CODE A				
COMMITTEE'S E-MAIL ADDRE	ss						
(Check if address is changed)	GAITES 10 FILIE	IAIR NIIING GIGIMIC	111111111111111111111111111111111111111				
	Optional Second E-Mail Ad						
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COMMITTEE'S WEB PAGE ADI	DRESS (URL)		•				
(Check if address is changed)	WIWIWI . ICHAITIEIS	OFILIEIA IRINITINIG	1. (C.) O [M]				
- '							
·		 					
2. DATE 08 14 2013							
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 2. Bailey Ross							
The state of the s							
Signature of Treasurer	Book Poss		Date 0 \$ 14 2013				
NOTE: Submission of false, arroneous, 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 Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ret. Ettem i				

5.		TYPE OF 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 ca					
Name of Candidate						
	Cand Party	idate Affiliati	Office State Senate President District			
	(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 (Democratic, 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	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.			
	Committees Participating in Joint Fundraiser					
		1.	FEC ID number			
		2.	FEC ID number			
		3.	FEC ID number			
		4.				

	rite or Type Committee Name		Page 3
**	nte or Type Committee Name		
	Name of Any Connected (Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership	PAC Spansor
6.	name of Any Connected (organization, Anniated Committee, Joint Fundralaing Representative, or Leadership	PAC Spoilsoi
	Mailing Address		
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			1-1
		CITY STATE ZIF	CODE
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	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leader	snip PAC Sponso
7 .	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
	Full Name		
	Mailing Address		
			ـــــا-ك
	Title or Position	CITY STATE ZIP	CODE
	TIRIEIAIS MIRIEIRI	Telephone number	ــــا-ك
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number – optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer LE10 B1	FRITI BIAITILIEIYI IROGGI I I I I I I I I I I I I I I I I I I	
	Mailing Address	7777 SITEWIAIRTI IAIUIEI IIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
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	Title or Position	,	CODE
	PIPIEISITI DEINITI	Telephone number	

9.

Full Name of Designated Agent PLOTELLEY PLOSES Mailing Address TTTKL ACA	FEC Form	1 (Revised 02/2009)		Page 4
Designated Agent PIDIB FRIT BARLERY ROGGE Mailing Address PIDIB FRIT BARLERY ROGGE Mailing Address PIDIB FRIT BARLERY ROGGE CITY STATE ZIP CODE Title or Position DIANNELLIAT SIAHIJE Telephone number PIDIB FRIT BARLERY Telephone number DESTATE ZIP CODE Title or Position DIANNELLIAT SIAHIJE Telephone number DESTATE ZIP CODE Mailing Address DESTATE ZIP CODE Name of Bank, Depository, etc.				
Title or Position Title or Position 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. B_IA_IN_IV0FA_IA_E_P_E_CATIT_H_IA_C_ACO_M_IA_IO_IO_IO_IS	Designated	RIDIBIERTI BIATILIEIYI IRIOGE I		
TITING ALCIA CITY STATE ZIP CODE Title or Position LiAINIGH - 11 - LIAIT SLAINIGH - 1	Mailing Address	7777 ISITIEIUAIRITI IAIVIEI I		
Title or Position				
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. B A N K O F A M E E E E A T T A A C O M M O N S			· · · · ·	
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. B_A_N_K_10_F_A_M_E_R_T_CA_T_T_K_1A_CA_T_COM_M_0_N_5	Title or Position			
Safety deposit boxes or maintains funds. Name of Bank, Depository, etc. B_IA_IN_IKIO_IFIA_IM_E_IC_IC_IAIT_TIM_IA_IC_IAIC_IO_IM_IM_IO_IN_IS	JIAINIGI-II	Telephon	ne number	
B A N K O F A M E R T C A T T M A C A C O M M O N S	safety deposit bo	xes or maintains funds.	ommittee deposits	funds, holds accounts, rents
Mailing Address 2 0 2	Name of Bank, [Depository, etc.		
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Mailing Address		CITY	STATE	ZIP CODE
Mailing Address	Name of Bank, D	Depository, etc.		
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CITY STATE ZIP CODE			ليا ك	لبينا-لبينا
		CITY	STATE	ZIP CODE

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 USPS** Registered/Certified **Postmarked USPS Priority Mail** Postmarked **USPS Priority Mail Express** 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

(8/2013)