No Public Debt PO Box 30873 Clarksville, TN 37040 RECEIVED FEC MAIL CENTER 2016 NOV 21 AM 7: 12

November 16, 2016

Federal Election Commission 999 E Street, NW 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's 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,

Leonard Tracy Parker /

Treasurer

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

	PONIVI I		2016 NOV 21 AM 7: 12				
	NAME OF     COMMITTEE (in full)	(Check if name Example: If typing, type is changed) ever the lines.	12FE4M5				
	No Public Debt						
	ADDRESS (number and street)	(AO Box 30873)					
2	☐						
2016		Charkswille	STATE A ZIP CODE A				
1	COMMITTEE'S E-MAIL ADDRESS						
1 21 05	☐	Optional Second E-Mail Address	ing				
	COMMITTEE'S WEB PAGE AD  (Check if address is changed)	Intopiliede	b+org				
7	2. DATE TOTAL TOTA						
	3. FEC IDENTIFICATION NUMBER ▶						
	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 Leonard Tracy Parker						
Signature of Treasurer Person Park Date Mark 1961							
	NOTE: Submission of false, error	neous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED					
	Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	FFL. FLJBW I				

Toll Free 800-424-9530 Local 202-694-1100

FEC	Form 1 (Revised 02/2009)		Page 2				
	F COMMITTEE		. ——				
Candi	date Committee:						
(a)	This committee is a principal campaign committee.	(Complete the candidate information below.)					
(b)	This committee is an authorized committee, and is information below.)	NOT a principal campaign committee. (Comple	ete the candidate				
Name of Candida							
Candida Party Af		e Senate President	State				
(c)	This committee supports/opposes only one candida	ate, and is NOT an authorized committee.	District				
Name o							
Candida							
Party	Committee:						
(d)	This committee is a (National, or subordi		emocratic, epublican, etc.) Par				
Politic	Political Action Committee (PAC):						
(e)	This committee is a separate segregated fund. (Ide	ntify connected organization on line 6.) Its conne	ected organization is				
	Corporation	Corporation w/o Capital Stock	Labor Organization				
	Membership Organization	Trade Association	Cooperative				
	In addition, this committee is a Lobby	rist/Registrant PAC.					
<b>(f)</b>	This committee supports/opposes more than one for committee. (i.e., nonconnected committee)	ederal candidate, and is NOT a separate segr	egated fund or pa				
	In addition, this committee is a Lobbyist/Regi	strant PAC.					
	In addition, this committee is a Leadership P	AC. (Identify sponsor on line 6.)					
Joint F	pint Fundraising Representative:						
(g)	This committee collects contributions, pays fundraisin committees/organizations, at least one of which is an	ng expenses and disburses net proceeds for two authorized committee of a federal candidate.	or more political				
(h)	This committee collects contributions, pays fundraisin committees/organizations, none of which is an author	ig expenses and disburses net proceeds for two rized committee of a federal candidate.	or more political				
. (	Committees Participating in Joint Fundraiser						
	. <u> </u>	FEC ID number					
;	2. [ ] ] ] ] ] ] ] ] ] ]	FEC ID number					
;	3. [ ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ] ]	FEC ID number					
		FEC ID number	<del></del>				

	Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor						
	Ц	Monkelll	<u> </u>				
	L						
2016 -		Mailing Address					
			CITY STATE ZIP CODE				
1 2 2		Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponso				
2 1 0	7.	Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the person in possession of committee				
0M - 00-1-0MM0		Full Name	magnatura ay Pankea				
Ž		Mailing Address	POBX30873				
Î							
3			Sharkeville TIN Bizionial-				
Ō		Title or Position	CITY STATE ZIP CODE				
		Tinearun	ROLLING Telephone number 4014-6145-13105-8				
	8.	<ol> <li>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).</li> </ol>					
		Full Name of Treasurer Lean and Tracy Parker					
		Mailing Address	[PO:Box:30873				
			Charkswill em Bizorio-				

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Telephone number 404-545-30518

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Title or Position

 	FEC Form 1 (Revised 02/2009)						
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	Full Name of Designated Agent		لحبيب				
	Mailing Address						
			لسبي				
		CITY STATE ZIP	ODE				
2	Title or Position						
20 <u>1</u> 6 —	<u> </u>	Telephone number					
9.	हैं						
2 1 0		Bonk of America					
	Mailing Address	400 Manth Tryon Street					
.0							
Ī		Charlotte !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	لــــا-لو				
ġ		CITY STATE ZIP	CODE				
	Name of Bank, Depository, etc.						
	Mailing Address						
		CITY STATE ZIP	CODE				

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**PREPARER** 

(3/2015)

## **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 Date of Receipt USPS First Class Mail 11/16/16 Postmarked (R/C) 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