

## 2012 SEP 19 PH 2: 33

**Committee Name:** 

UNITED STATES ENTERTAINMENT INDUSTRY SUPER PAC

If registered, FEC ID:

**Today's Date:** 

09/14/2012

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:

**PAUL MARX** 

, Treasurer

## STATEMENT OF

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FEC FORM 1		0	RGAN	IZATI	ON					PM IZ CEN	
1. NAME OF COMMITTEE (in	n full)		Check if name changed)		ample:If typing, ter the lines.	type	12FE4	М5			
UNITED S	TATE	SEN	ΓĘŖŢĄ	INME	NT INDL	JSTR	Y SL	IPER	PAC		
		111									
ADDRESS (number a	nd street)	<b>P.</b> O	. BOX	61316	<b>32</b>			1.1.1.			لــــا
(Check if a is changed)		NOF	TH MI	AMI			FL	33	261	  - <u></u>	
				CITY			STATE		ZIP C	ODE	
COMMITTEE'S E-M/ (Check if is change	address	-	-		oddress) gement@	<u>)g</u> mą	ıil <sub>.</sub> .çor	<b>n</b>		1.1.1.	
COMMITTEE'S WEE	PAGE ADI	PRESS (UI	RL)								
(Check if is change											
2. DATE ÖŞ	) ′ 14	° ′ Ž0	)12								•
3. FEC IDENTIFIC	CATION NU	IMBER	C	;							
4. IS THIS STATE	MENT X	NEW	(N) O	R [	AMENDE	D (A)					·
I certify that I have		ΡΔΙ	JL MA	RX	/ knowledge and	belief it i				~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~ Y
Signature of Treasur	er <u> </u>	unl	nay	K		1	Date (	Ď9°′	14	201	
NOTE: Submission of	-	•	•	•	ubject the person	•		•	enalties of	2 U.S.C.	§437g.
Office Use Only					For further infor Federal Election Toll Free 800-424 Local 202-694-11	Commission 1-9530			EC FO		

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TYPE OF COMMITTEE	
Candidate Committee:  (a) This committee is a principal campaign committee. (Complete the candidate information below	<i>(</i> )
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Cor	•
information below.)  Name of  Candidate  LILILILILILILILILILILILILILILILILILIL	
Candidate Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	<u> </u>
Party Committee:	
(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 s committee. (i.e., noncommetted committee)	segregated 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 Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for the contributions of the contributi	two or more political
committees/organizations, at least one of which is an authorized committee of a federal candidate	) <b>.</b>
(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.	wo or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number C	
2. FEC ID number C	
3 FEC ID number C	
4	•

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Write or Type Committee Na	me
UNITED STAT	ES ENTERTAINMENT INDUSTRY SUPER PAC
6. Name or Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
ΙΝΟΝΕΙΙΙΙ	<u> </u>
	<u> </u>
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spon
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the person in possession of committ
Full Name PAU	<u>L MARX                                   </u>
Mailing Address	P. O. BOX 613162
	<u> </u>
	NORTH MIAMI
Title or Position	CITY STATE ZIP CODE
EXECUTIVE D	RECTOR Telephone number [786] - [763] - [7862]
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name and address of ., assistant treasurer).
Full Name of Treasurer	LMARX
Mailing Address	P. O. BOX 613162
	NORTH MIAMI FL 33261 - TID CODE
Title or Positioo	CITY STATE ZIP CODE  Telephone number [786] - [763] - [7862]
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Full Name of		· · · · · · · · · · · · · · · · · · ·
Designated Agent		
Mailing Address		
	CITY	STATE ZIP CODE
Title or Position		
	Telepho	one number
Banks or Other safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	committee deposits funds, holds accounts, rents
Name of Bank, I	Depository, etc.	
	BANK OF AMERICA	
Mailing Address	1990 NE 125TH STREET	
J	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	NORTH MIAMI	FL 33161
	СІТУ	STATE ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
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## **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<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** 9/18/12 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):