Committee Na	ime:			
ACTO	25 PA C			
If registered,	FEC ID:		 	
Today's Date:	P			
12/16	16			
Padanal Plac	·: 0	• .•		

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:

Allen Luly, Treasurer

2016-12-27-03-00127359

FEC	
FORM	•

STATEMENT OF ORGANIZATION

FORIVI I		·	R F Office Was ronly
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4METAIL CENTER
ACTORS RAC			2016 DEC 23 AM 11: 31
MCTORSNAC			
ADDRESS (number and street)	411293 PAT	Jon De	
(Check if address is changed)	L <u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	CITY A		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS		
☐	LA Ctors PAC	4@6MAIL. GE	m,
	Optional Second E-Mail Ad	ognarily Com	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		2
(Check if address is changed)	<u>L </u>	<u> </u>	
·		1111111	
2. DATE			
3. FEC IDENTIFICATION NU	JMBER ▶ [C]	~	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	, Allen Lu	lu	
Signature of Treasurer	1		Date Dub (YVVVVV)
NOTE: Submission of false, errore	, · · · · · · · · · · · · · · · · · · ·	may subject the person signing	this Statement to the penalties of 52 U.S.C. §30109
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530	EFT, EURIN I

	FE	C For	m 1 (Revised 02/2009)	Page 2		
j.		PE OF COMMITTEE ndidate 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. (Complet information below.)	te the candidate		
Name of Candidate						
	Candid Party A		Office Sought: House Senate President	State District		
	(c) .		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candid					
	Party	Com	mittee:			
	(d)			mocratic, publican, etc.) Party.		
	Politic	cal A	ction Committee (PAC):			
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	eted organization is a:		
			Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	gated 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 I	Fund	raising Representative:			
	(9)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political		
		Committees Participating in Joint Fundraiser				
		1.		~~~~~		
		2.		*		
		3.				
		4	I			

FEC Form 1 (Revise	ed 02/2009)	Page 3
Write or Type Committee Na	ame	
6. Name of Any Connecte	d Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person in	possession of committee
Full Name	PURTNET ABRAMS	
Mailing Address	18597 Higuera St.	
	Colver City 1111 CA 19	9232
Title or Position	CITY STATE	ZIP CODE
Secretary	Telephone number $[9,1,7]$	-1841-18686
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the committ	e name and address of
Full Name of Treasurer	LEN: 444	·
Mailing Address	11.1293 PATTON DC	
	CULTER CITY STATE	© 230-
Title or Position	Telephone number [323]	-[<u>\$3</u> 9]-[<u>9,9,4,4</u>] •

CITY

ZIP CODE

STATE

Mailing Address

Ld. 11293 Patom Dr.

Wher Gry G

IN DEC 2015 PAS L

federal Election Committee

999 E. STREET, N.W.

Washington, D.C.

20463

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DO The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business [Day Delivery
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
Other (Specify):	eipt or Postmarked
PREPARER A	12/27/16 DATE PREPARED
(3/2015)	