RECEIVED 2015 FEB 13 AM 8: 48 FEC MAIL CENTER

Committee Name:

Money Is Not a Megaphone

If registered, FEC ID:

Today's Date:

2015

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, nm Treasurer's Name:

C T	
Sean Ismaili	. Treasurer
L <u> </u>	, incasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED 2015 FEB_13_AM_8: 48
1. NAME OF COMMITTEE (in fu	III) (Check if name Example: If typing, type over the lines.	12FE4MG MAIL CENTER
Money Is	$M_{0} + M_{e} g_{a} p_{b} o_{n} e_{1}$	
ADDRESS (number and	street) $\begin{bmatrix} 2 & 2 & 0 & 0 & j & q \end{bmatrix} = \begin{bmatrix} 0 & r & j & q \end{bmatrix} = \begin{bmatrix} 0 & r & j & q \end{bmatrix}$	
(Check if add is changed)		
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COMMITTEE'S E-MAIL	ADDRESS	
(Check if add is changed)	$\frac{1}{10000000000000000000000000000000000$	e.@g.m.a.i.l.o.c.o.m.
	Optional Second E-Mail Address	-
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COMMITTEE'S WEB P/ (Check if add is changed)		neixiJisiNioitiaiMieigiaipih
2. DATE	$\int \left[\frac{D}{2} \right] \left[\frac{2}{2} \frac{2}{2} \frac{1}{2} \right]$	
3. FEC IDENTIFICAT		· · - · · ·
4. IS THIS STATEME		
I certify that I have exa	amined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	Treasurer Sean Ismail	
Signature of Treasurer	Treasurer <u>Pean</u> Ismail.	Date $02' 05' 2005$
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	-
Office Use Only	For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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1

FEC Form 1 (Revised 02/2009)

Page 2

5.	TYPE	OF CC	DMMITTEE
	Cano	lidate	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 candidate information below.)
	Name Candi		
	Candi Party	date Affiliatio	n Cffice State State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	y Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	ical Ac	tion 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
			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 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.
		Com	nittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	

17

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie de la constant de	
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6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
1		
Mailing Address		
	CITY STATE ZI	
	ed Organization Affiliated Committee	ershin PAC Soonsor
7. Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in posse	ession of committee
books and records.		
Full Name $\int J_{\perp} a_{\perp} y_{\perp}$	R. Weistreich	
/ Mailing Address	$[2,2, D_{\alpha,n}] = [D_{1}, D_{1}, v_{1}]$	
	H1111151610151010191611111 [NIV] [0181814	
Title or Position		P CODE
	$[\underline{\beta}_{1} \underline{\beta}_{1}] = [\underline{\beta}_{1} \underline{\beta}_{1}]$ Telephone number $[\underline{\beta}_{1} \underline{\beta}_{1} \underline{\beta}_{1}] = [\underline{\beta}_{1} \underline{\beta}_{1}]$	2-8703
 Treasurer: List the name and designated agent (e.g., 	nd address (phone number - optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name of Treasurer	N O, Ismailling	<u></u>
Mailing Address	R.g. Klastiers Dr. L.	
	HIIIISIbioirioiserihi III NJ 08184 CITY STATE ZI	 P CODE
	$[1] \qquad Telephone number [9,0,8] - [2,8]$	5-8572
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Title or Position																																,					
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Page 4

9. 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.

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Name of Bank, I	Depos	itory,	etc.																															-	-
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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.

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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
PREPARER	2/13/15 DATE PREPARED
(8/2013)	