FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Americans Unite	d in Support of Democracy	
ADDRESS (number and street)	One South Dearborn	
(Check if address is changed)	Suite 2100	
	Chicago └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ ↓ ↓ ↓ ↓	IL 60603 STATE▲ ZIP CODE▲
COMMITTEE'S E-MAIL ADDRI	ESS	
(Check if address is changed)	info@ausd.org	
	Optional Second E-Mail Address	
COMMITTEE'S WEB PAGE AD	DDRESS (URL)	
	19 / Y Y Y Y 2015	
3. FEC IDENTIFICATION N	IUMBER ► C C00113019	
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 Treasure	er Charles Glick	
Signature of Treasurer	rles Glick [Electronically Filed]	Date 10 / 26 / Y Y Y Y 2015
NOTE: Submission of false, error	neous, or incomplete information may subject the person signing to ANY CHANGE IN INFORMATION SHOULD BE REPORTED W	
Office Use Only	For further information or Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	

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TYPE OF C	COMMITTEE
Candidat	e 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 of Candidate	
Candidate Party Affiliat	tion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	mmittee:
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) F
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organizatio
	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 segregated fund or 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 Fun	draising 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.
Con	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

Americans United in Support of Democracy

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

	ONE				
	Mailing Address				
		CITY		STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising	J Representative	eadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number	optional) and posit	ion of the person in p	possession of committee
	Full Name				
	Mailing Address				
	Title or Position	CITY		STATE	ZIP CODE
	Title or Position	CITY	Telephone nun		
8.		d address (phone number optional)		nber	
8.	Treasurer: List the name and	d address (phone number optional) ssistant treasurer).		nber	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Charles Gli	d address (phone number optional) ssistant treasurer).		nber	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Charles Gli of Treasurer	d address (phone number optional) ssistant treasurer).		nber	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Charles Gli of Treasurer Mailing Address	d address (phone number optional) ssistant treasurer).		nber	
8.	Treasurer: List the name and any designated agent (e.g., a Full Name Charles Gli of Treasurer	d address (phone number optional) issistant treasurer). ck 639 W. Fullerton Parkway		nber	name and address of

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Full Name of Designated Agent																														
Mailing Address			L																											
			L																											
			L																				L							
CITY															ST/	ΑΤΕ				ZII	PC	COD	ÞΕ							
Title or Position																														
										ĺ					Tele	eph	ione	e ni	uml	ber										

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.

	Chase Bank			
Mailing Address	Clyborne Ave			
	Chicago		IL 60614	
		CITY	STATE	ZIP CODE
Name of Bank, [Depository, etc.			
Mailing Address				
		CITY	STATE	ZIP CODE