

Robert Charles Rosenfeld, LL.M.

Attorney at Law

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216-339-1531 (fax) 440-498-2525

Robert@robertrosenfeld.com

July 18, 2012

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

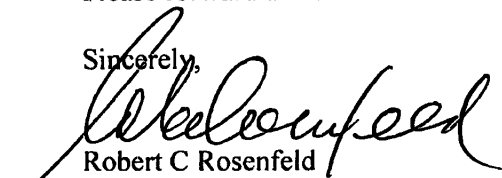
RE: The Fat Old Man PAC

Dear Sir:

Please accept for filing the Statement of Organization, FEC Form 1, and, the Unlimited Contributions letter.

Please forward all forms and certificates to this address, which is the address of the PAC.

Sincerely,



Robert C Rosenfeld
Attorney for the PAC

RCR/irr
Enc.

RECEIVED
JUL 24 AM 8:41
FEC MAIL CENTER

12030861387

RECEIVED
2012 JUL 24 AM 8:42
FEC MAIL CENTER

Committee Name:

THE FAT OLD MAN PAC

If registered, FEC ID:

Today's Date:

18 July 2012

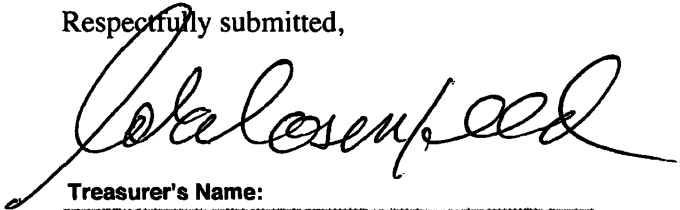
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

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:

ROBERT C ROSENFELD

, Treasurer

12030861388

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2012 JUL 24 AM 8:42

FEC MAIL CENTER
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

THE FAT OLD MAN PAC

ADDRESS (number and street)

32545 STONY BROOK LANE

(Check if address is changed)

SOLOON

OH

44139 - 1936

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

TFOMPAC@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

07 / 18 / 2012

3. FEC IDENTIFICATION NUMBER

C

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

ROBER C. ROSENFELD

Signature of Treasurer

Date

07 / 18 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030861389

5. TYPE OF COMMITTEE

Candidate 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 Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (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 connected 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 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

THE FAT OLD MAN PAC

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

[Empty grid line]

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

ROBERT C ROSENFELD

Mailing Address

32545 STONY BROOK LANE

[Empty grid line]

SOLON OH 44139 - 1936

Title or Position

CITY

STATE

ZIP CODE

GENERAL COUNSEL

Telephone number 216 - 339 - 1539

8. 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).

Full Name of Treasurer

ROBERT C ROSENFELD

Mailing Address

32545 STONY BROOK LANE

[Empty grid line]

SOLON OH 44139 - 1936

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 216 - 339 - 1531

12030861391

Full Name of Designated Agent

ROBERT C ROSENFELD

Mailing Address

32545 STONY BROOK LANE

SOLON

CITY

OH

STATE

44139

ZIP CODE

-1936

Title or Position

AGENT

Telephone number

216

-339

-1531

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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.

CHARTER ONE

Mailing Address

P O BOX 7000

ROP-450

PROVIDENCE

CITY

RI

STATE

02940

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail 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): Date of Receipt or Postmarked



PREPARER
(3/2005)

7/24/12
DATE PREPARED

12030861393