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FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED FFC MAIL CENTER

FORM 1	UNGANIZA	AIION	THE MAIL CENTER
			2015 DEC 3 lomoAMshloni2
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
AMERICANS F	OR CRUZ		
			<del></del>
ADDRESS (number and street	1405 S FERN ST	<del>                                      </del>	
(Check if address is changed)	NUM 511	<u> </u>	<u> </u>
is changed)	ARLINGTON		VA
	CITY A	<del>                                      </del>	STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	PRESS		
(Check if address	info@americansforcruz	z.org	ı
is changed)	Cational Connect 5 Mail Ad	<del>                                     </del>	
	Optional Second E-Mail Ad americansforcruz@c		
COMMITTEE'S WEB PAGE	ADDRESS (IIRL)		
(Check if address	www.americansforcruz.org		I.
is changed)			
2. DATE 12	17 2015	• .	
3. FEC IDENTIFICATION	NUMBER ▶ <u>U</u>	<u> </u>	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examine	d this Statement and to the best	t of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treas	urer KYLE MANNING		
	111		
Signature of Treasurer	YLE MANNING		Date [2] [1] [2015]
NOTE: Submission of false, en		may subject the person signing	this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office		For further information	ECL. CLIBIN I
Use Only		Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	(Revised 06/2012)

j	FEC Fo	orm 1 (Revised 02/2009)	Page 2
		COMMITTEE	
Can	2 <del></del> -0	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 tinformation below.)	he candidate
Nam Cand	e of didate		
	didate / Affiliati	ion Sought: House Senate President	ate
(c)	$\boxtimes$	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of didate	TED CRUZ	
Par	ty Con	mmittee:	
(d)	D	This committee is a (National, State (Demo	cratic, lican, etc.) Party.
Poli	itical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a
		Corporation Corporation w/o Capital Stock Labo	or Organization
			_
		Membership Organization Trade Association Coop	perative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ed 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.)	
Join	t Fund	draising Representative:	·
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or m committees/organizations, none of which is an authorized committee of a federal candidate.	ore political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.	FEC ID number	<u></u>
	3.	FEC ID number	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	4.		<b>~~~~~~</b>

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FEC Form 1 (Revised 0	2/2009)		Page 3
Write or Type Committee Name			
AMERICANS FO	OR CRUZ		
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising	Representative, or Lea	adership PAC Sponsor
NONE			-
			<u> </u>
		<u> </u>	
Mailing Address			
		با ليا ل	
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundra	ising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identification books and records.</li> </ol>	ify by name, address (phone number optional) and p	position of the person i	in possession of committee
KYLE MAN	NING	·	,
Full Name LILL	1405 S FERN ST		<del></del>
Mailing Address	NUM 511		<del>-                                      </del>
•	ARLINGTON	, , VA , ,22	
		تا لتا ل	
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telephone	e number 571	- 336 - 7240
8. <b>Treasurer</b> : List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer o ssistant treasurer).	of the committee; and the	he name and address of
Full Name KYLE MAN of Treasurer	NING	<u> </u>	
Mailing Address	1405 S FERN ST	<del>                                     </del>	<u> </u>
·	NUM 511		
	ARLINGTON	VA    222	202
Title or Position	CITY	STATE	ZIP CODE
Title or Position TREASURER	Telephone	number 571	- 336 - 7240

Full Name of Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number	Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone number  WELLS FARGO BANK  Mailing Address  Aailing Address  Alexandria  ALEXANDRIA  VA 22302  ALEXANDRIA	FEC FOIII 1 (I	Revised 02/2009)		Page
Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone number  Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  WELLS FARGO BANK  Aliling Address  Aliling Address  ALEXANDRIA  VA 22302	Designated Agent  Mailing Address  CITY STATE ZIP CODE  Title or Position  Telephone number  Telephone				
Title or Position  Telephone number  Telephone n	Title or Position  Telephone number  Telephone n	Designated			
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Safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  WELLS FARGO BANK  1711 FERN STREET  Aliling Address  ALEXANDRIA  VA  22302  1 22302	safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.  WELLS FARGO BANK  Alailing Address  ALEXANDRIA  CITY  STATE  ZIP CODE  TRISTMERIT BANK  30 SPRINGSIDE DR  Mailing Address  AKRON  AKRON  OH  44333  OH  44333  OH  AKRON  AKRON  OH  AKRON  OH	Title or Position		Telephone number	ا-لـنـا-لــ
Alexandria Va 22302	Aleiling Address  Aleiling Address  CITY  STATE  ZIP CODE  THE STMERIT BANK  30 SPRINGSIDE DR  Mailing Address  AKRON  OH  44333  OH  44333		ELLS FARGO BANK	· 	<u> </u>
	CITY STATE ZIP CODE  ame of Bank, Depository, etc.  FIRSTMERIT BANK  30 SPRINGSIDE DR  Mailing Address  AKRON  OH  44333  OH  44333	Mailing Address	1711 FERN STREET		
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. CITY STATE ZIP CODE	TIRSTMERIT BANK  30 SPRINGSIDE DR  Mailing Address  AKRON  OH  44333	N .	. ALEVANDOIA	\/A .	22302
	FIRSTMERIT BANK  30 SPRINGSIDE DR  Mailing Address  AKRON  OH  44333		ALEXANDRIA	ا لئا لىىيى	22302
	Mailing Address  AKRON  OH  44333  ——————————————————————————————	ame of Bank, Depo	CITY		
FIRSTMERIT BANK			CITY Sitory, etc.		
30 SPRINGSIDE DR		E	CITY sitory, etc.		
30 SPRINGSIDE DR  Mailing Address		E	CITY  Sitory, etc.  RSTMERIT BANK  30 SPRINGSIDE DR	STATE	ZIP CODE

17 DECEMBER PHAL



Federal Election Commission 999 E Street NW Washinghan DC 20463

PEC MAIL CENTER

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indi	
Hand Delivered	Date of Receipt
USPS First Class Mail    2-17-15	Date of Receipt  12-31-15
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 Bus	siness 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):	of Receipt or Postmarked
PREPARER	12-31-15 DATE PREPARED
(3/2015)	DATE PREPARED