			PUBLIC (19) PUBLIC (19) DIVIS	silosure Son
			2013 MAR 20	AM 9: 03
Committee Name:				
DEFEAT HILLARY If registered, FEC ID:	Super	PAC		
Today's Date: 3 - 18 - 13				

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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,

a Treasurer's Name: Socci AURENCE Treasurer

FEC FORM 1	STATEME ORGANIZ	•	FEDERAL IN TOWARD COMMISSION PUBLIC DISCLOSURE DIVISION Office Use Only	
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	120134AB 20 AM 9: 03	
DEFEAT	LLARY, SUP	ER PAC		FAN
ADDRESS (number and street)	17.903 FLAM	INGO DR.		,]
(Check if address	15wite, 201			. 1
is changed)	ALGYANDE		IV A 1223061-1	
			STATE A ZIP CODE A	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address				I
is changed)	Optional Second E-Mail Ac			
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
(Check if address	1			. 1
is changed)		┉┖╼┖╼┧╸┵┈╉╕┵╌╋╕┸╌┞╕┵╸	┟ <u>╸┨╶╶</u> ╽ <u>╴</u> ┧ <u>╸</u> ┟╶┨ _╸ ┤╶┨╻╶┤╶┨ _╸ ┤╶┨╸╸┥	
2. DATE 03 1	8 2013			
3. FEC IDENTIFICATION I		an a		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined	this Statement and to the bes	t of my knowledge and belief it	is true, correct and complete.	
Type or Print Name of Treasu	y LAURence	Socer		
Signature of Treasure	James	Sam	Date 03 1 18 20	13
NOTE: Submission of false, erro	-	n may subject the person signing TON SHOULD BE REPORTED W	this Statement to the penalties of 2 U.S.C. § /ITHIN 10 DAYS.	437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		<u>'</u>

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FEC Form 1 (Revised	02/2009)
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TYPE OF (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 Affilia	tion Office State Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	$H_{1}H_{4}ARY = G_{1}NTON + H_{1} + $
Party Co	mmittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the 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
·	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 Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizatlens, 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.
Cor	nmittees Participating in Joint Fundraiser
1.	
2.	
3.	
4.	

5.

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam DEFEA		
Name of Any Connected (Drganization, Affiliated Committee, Joint Fundraising Representative, or Leac	dership PAC Sponsor
Mailing Address		
		<u></u>]-L
Relationship:	CITY STATE	ZIP CODE
	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Spons
Custodian of Records: Ide books and records.	d Organization	Leadership PAC Spons
Custodian of Records: Ide books and records.	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Spons
Custodian of Records: Ide books and records. Full Name	d Organization Affiliated Committee Joint Fundraising Representative Γ ntify by name, address (phone number optional) and position of the person in RENCE SOCCI	Leadership PAC Spons
Custodian of Records: Ide books and records. Full Name	d Organization Affiliated Committee Joint Fundraising Representative \Box ntify by name, address (phone number optional) and position of the person in AEPAFE - SOCCÍ [79.03] - FCAMINGO - PC- [SNTE - 20]	Leadership PAC Spons
Custodian of Records: Ide books and records. Full Name	d Organization Affiliated Committee Joint Fundraising Representative \Box ntify by name, address (phone number optional) and position of the person in AFENCE SOCCÍ TPO3 + FCAMINGO + PC	Leadership PAC Spons

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Full Name of Treasurer	MRENCE, SPEEN, IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Mailing Address	DIGLOS, FLAMINGO, P.R.
	Shite, 20 Norman Shite
	ALEXANDRIA VA 22306-LIL
,	CITY STATE ZIP CODE
Title or Position	

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FEC	Form	1	(Revised	00	100001
	FUIII			02	120031

Full Name of Designated Agent	LAUPPAGE, SPECI		· · · · · · · · · · · · · · · · · · ·
Mailing Addres	· RAOS FLAMINGO DI		
	15417e, 201,	<u> </u>	
	Alie Aprokia		27306]-[] ZIP CODE
		number	02-262-5843
safety deposit	er Depositories: List all banks or other depositories in which the com boxes or maintains funds.	mittee deposits	s funds, holds accounts, rents
Name of Banl	, Depository, etc.		
	Suntrust BONK		
Mailing Addre	SS LIP. Q. Bax, 62222		
	Grando	I EU	BZ8621-L
	CITY	STATE	ZIP CODE
Name of Ban	a, Depository, etc.		
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Mailing Addre	ss	1ll	
			L]-L]
	CITY	STATE	ZIP CODE

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USPS First Class Mail Postmarked (R/C USPS Registered/Certified Postmarked USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label USPS Express Mail Postmarked Postmark Illegible
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Shipping Date Overnight Delivery Service (Specify):
Next Business Day Delivery
Date of Receipt Date of Receipt
Date of Receipt Received from Senate Public Records Office
Date of Receipt Date of Receipt
Date of Receipt or Postmarked Other (Specify):
Pr 3/20/13
PREPARER DATE PREPARE (3/2005) DATE PREPARE