2012 OCT 17 AM 9: 21 FEC MAIL CENTER

We can Togerner

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

STATEMENT OF

RECEIVED 2012 OCT 17 AM 9: 21

FORM 1	ORGANIZATION	FEC MAIL CENTER
1. NAME OF COMMITTEE (IT	(Check if name Example: If typing, type over the lines.	12FE4M5
سيسينا	PO-Box 565	
ADDRESS (number a	nd street)	
(Check if an is changed)		PA' 16150
	CITY	STATE ZIP CODE
COMMITTEE'S E-MA (Check if is change		
·		
(Check if is change		
	CATION NUMBER	
4. IS THIS STATE	MENT 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 Signature of Treasur	villiani ivi. Pierce ili	Date 10 11 2012
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED WI	
Office Use	For further information co Federal Election Commissio Toll Free 800-424-9530	ontact: EEC FORM 1

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TYPE OF COMMITTEE					
Ca date 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. (Cominformation below.)	iplete the candidate				
Name of Candidate					
Candidete Party Affiliation Office Sought: House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	School Control				
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 con-	nnected organization is a:				
Corporation Corporation w/o Capital Stock	Labor Organization				
Membership Organizatjer। 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 s committee. (i.e., noncommected committee)	egregated 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.)					
Joint Fundraising Representative:	ANNIHA MANAGAMAN				
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Committees Participating in Joint Fundraiser					
2. FEC ID number C					
3. FEC ID number C	March and Alexander and Samuel				
4.					

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6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
444		
Mailing Address		
· ·		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship	ed Organization Affiliated Committee Joint Fundraising Representati	iveadership PAC Sponso
7. Custodian of Records: Id	entify by name, address (phone number optional) and position of the per	rson in possession of committee
Full Name Jacob	Zychick	
Mailing Address	PO Box 565	
		1 1 1 1 1 1 1 1 1
	Sharpsville PA	<u> </u>
Title or Position	CITY STATE.	ZIP CODE
Secretary	Telephone number	
8. Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name of Treasurer	m Pierce	
Mailing Address	PO Box 565	
	Sharpsville CITY STATEA	16150cope
Title or Position	ame -	
Chairman	Telephone number	
Chairman		

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Full Name of Designated Agent			
Mailing Address			
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	CITY	STATE	ZIP CODE
Title or Position	OH T	JINE	ZIF COUE
1	Telephone nur	mber	
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safety deposit boxes Name of Bank, Depo	or maintains funds.	tee deposits	iunds, holds accounts, rents
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safety deposit boxes Name of Bank, Depo	ository, etc.	tee deposits t	iunds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc.	ttee deposits t	iunds, holds accounts, rents
safety deposit boxes Name of Bank, Depo	ository, etc. IC Bank		funds, holds accounts, rents
safety deposit boxes Name of Bank, Depo PN Mailing Address	Rittsburgh	LPA	
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Federal Election Con ENVELOPE REPLACEMENT PAGE FOI The FEC added this page to the end of this filir	R INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Sig	nature 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	Date of Receipt n Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
En la company de	10/17/12
PREPARER	DATE PREPARED

(3/2005)