

Committee Name: Hip Hop United

September 30, 2014

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

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2014 OCT 16 AM 8:24
FEC MAIL CENTER

Re: Form 1, Statement of Organization - Unlimited Contribution

To Whom It May Concern:

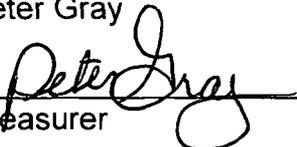
This committee independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct or in-kind, or via coordinated communications, to federal candidates or committees.

Instead the committee will run advertisements for or against candidates and/or support issues relevant to the Hip Hop Community. This committee will use Hip Hop style mediums and entertainment functions to uplift, empower and educate citizens of Hip Hop to:

- Register to vote,
- Encourage them to know where they are registered to vote,
- Make sure they vote on election day,
- Equipped the Hip Hop community with the necessary political knowledge and skills to effectively participate in the electoral process,
- Educate the community on how to restore and confirm voting rights,
- Develop and deliver effective messages,
- Increase non traditional voter turnout

Respectfully Submitted,

Peter Gray

x 
Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if changed) Example: LifeSpring, type

HIPHOPUNITED

ADDRESS (number and street)

126 MOORE AVENUE

(Check if address is changed)

CERRY HILL INJ 108034

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is Address)

HIPHOPUNITEDPAC@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

HIPHOPUNION.NET

2. DATE

09 ' 22 ' 2014

3. FEC IDENTIFICATION NUMBER

C

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 4. IS THIS STATEMENT

complete. Type or Print Name of Treasurer

Peter Gray

Signature of Treasurer Date

Peter Gray

09 ' 30 ' 2014

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

FEC FORM 1 (Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee: **NA**

(a)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate

Candidate State Party Affiliation Office Sought: House Senate President District

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

Name of Candidate

Party Committee: **NA**

(d) This committee is a (National (Democratic (Independent (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 Labor Cooperative Membership Organization Lobbyist/Registrant PAC. Trade Association

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., not a connected 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: **NA**

(g)

(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees. This committee may also contribute to, pay fundraising expenses and disburse. Committees Participating in Joint Fundraising Committees/organizations, at least one of which is an authorized committee of a federal candidate.

- 1. _____ FEC ID number
2. _____ FEC ID number
3. _____ FEC ID number
4. _____ FEC ID number

2009-11-11 11:11:11

Write or Type Committee

Name **NIP HOP UNITED**

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

NONE

Mailing Address _____

_____ 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 **TREASURER**

Mailing Address _____

_____ Title or Position CITY STATE ZIP CODE

_____ Telephone number

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 **PETER GRAY**

Mailing Address **26 MOORE AVENUE
CHERRY HILL, NJ 08034**

Title or Position **TREASURER** CITY STATE ZIP CODE

Telephone number **(347) 513-3055**

UNITED STATES POSTAL SERVICE

MOORE AVENUE
MERRY HILL, NJ 08034

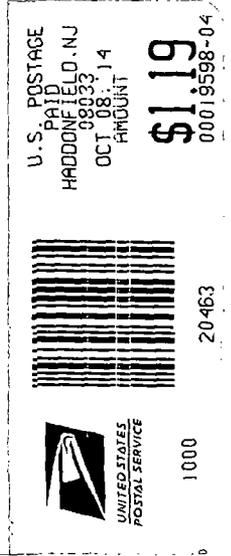
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ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER
(8/2013)

10/16/14
DATE PREPARED