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FEC MAIL CENTER

	. 20
Committee Name:	
ACU Super PAC	
If registered, FEC ID:	
Todovio Doto:	
Today's Date:	
Novermber 9, 2011	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—Unlimited Contrib	utions

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,

Mul: Bo

Treasurer's Name:

Melissa Bowman, Treasurer

11030690465

FEC FORM

STATEMENT OF ORGANIZATION

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				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
ACU Super PA	.C	<u> </u>	1111.	
ADDRESS (number and street)	1007 Camero	n St.		
(Check if address is changed)	Alexandria		VA	22314
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDI	RESS (Please provide only one e	-mail address) Conservative.org)	
COMMITTEE'S WEB PAGE (Check if address is changed)	ADDRESS (URL) None	 		
2. DATE 11 '	2011			
3. FEC IDENTIFICATION	NUMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
Type or Print Name of Treas Signature of Treasurer	this Statement and to the best urer Melissa Bow		it is true, correct	and complete.
NOTE: Submission of false, em	oneous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED		
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

		m 1 (Revised 02/2009) Page 2
•	TYPE OF C	OMMITTEE 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 State Sought: House Senate President District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate	
	Party Com	mittee:
	(d)	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	`' []	
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
	(f) X	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 Fund	raising Representative:
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(a)	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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	
	4.	
	→.	

1		
FEC Form 1 (Revis		Page 3
Write or Type Committee N		
ACU Super PA	4C	
6. Name of Any Connecte	ed Organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	dership PAC Sponsor
NONE		
Manillan Address		
Mailing Address		
		
	CITY STATE	ZIP CODE
		-
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name Tre	asurer	
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- ـ ـ ـ ـ - ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ
8. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the .g., assistant treasurer).	e name and address of
Full Name of Treasurer	lissa Bowman	
Mailing Address	1007 Cameron St	
	Alexandria VA 122	2101 , - , , ,
	CITY STATE	ZIP CODE
Title or Position	rangan na mananan menangan me	_ _ !
_	Telephone number	- ــــــــــــــــــــــــــــــــــــ

FEC Form 1 (R	tevised 02/2009)		Page 4
			
Full Name of Designated Agent		_ _ 1	
Mailing Address			· -
			- - - - - - - - - -
	CITY	STATE	ZIP CODE
Title or Position			
	<u> </u>	number	
		 _	
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(3/2005)

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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** 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 or Postmarked** Other (Specify): DATE PREPARED