Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Americans United in Support of Democracy 33 S. State St. ADDRESS (number and street) Suite 400 (Check if address is changed) Chicago 60603 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@ausd.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00113019 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT 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. Charles Glick Type or Print Name of Treasurer Charles Glick [Electronically Filed] 07 19 2015 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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TYPE OF C		<u>-</u>	
(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 Affiliati	Office Sought: House Senate President	State	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Con	nmittee: (National, State	(Democratic,	
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party	
Political A	ction Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a	
	Corporation Corporation w/o Capital Stock	Labor Organization	
	Membership Organization 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 scommittee. (i.e., nonconnected 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 Fund	raising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t 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.	FEC ID number		

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Write or Type Committee N	Name	
Americans U	nited in Support of Democracy	
. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
		710.0005
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person in	possession of committee
books and records.		
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
	ne and address (phone number optional) of the treasurer of the committee; and the	name and address of
Treasurer: List the name	se and address whose homber bolonar of the freasurer of the comfilliee: and the	
Treasurer: List the name any designated agent (e	e.g., assistant treasurer).	Traine and address of
any designated agent (e	es.g., assistant treasurer).	. Hame and address of
any designated agent (e	e.g., assistant treasurer).	I I I I I I I I I I I I I I I I I I I
any designated agent (e  Full Name Charle of Treasurer	e.g., assistant treasurer).  es Glick	
any designated agent (e  Full Name Charle of Treasurer	e.g., assistant treasurer).  es Glick	
any designated agent (e  Full Name Charle of Treasurer	e.g., assistant treasurer).  es Glick  639 W. Fullerton Parkway	

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Full Name of Designated Agent		
Mailing Address		
Til	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Chase Bank	s accounts, rents
Mailing Address	Clyborne Ave	
	Chicago IL 60614	
	CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		
Mailing Address		
Mailing Address		