## RECEIVED

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FAIRNESS PLOJECT

	Today's Date:
	9-30-2014
	Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463
	Re: Form 1, Statement of Organization□ Unlimited Contributions
7	To Whom It May Concern:
1	This committee intends to make independent expenditures, and consistent with
4 9	the U.S. Court of Appeals for the District of Columbia Circuit decision in
4	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's Name:

GARDNEL

**Committee Name:** 

If registered, FEC ID:

TUDICAL

THE

## FEC FORM 1

Only

## STATEMENT OF **ORGANIZATION**

RECEIVED

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NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5 FEC MAIL CENTER
THE JUDICAL	- FAIRVESS	PROJECT	
ADDRESS (number and street)	15,2,0,0, ROCK;	Y R11VER 10	
(Check if address is changed)			
ů ,	CITY ?		STATE 7 ZIP CODE 7
COMMITTEELS E-MAIL ADDRE	SS		
் (Check if address is changed)	GGARDNER!	20ATT. NET	
is shanges,	Optional Second E-Mail Add	lress	
COMMITTEES WEB PAGE ADI	DRESS (URL)		
(Check if address is changed)			
2. DATE 0 9 3	0 2014		
3. FEC IDENTIFICATION NU	JMBER , C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	GRANT	GARDNER	•
Signature of Treasurer	Isnot 9	Lafra	Date 09 30 2014
NOTE: Submission of false, errone		may subject the person signing the SHOULD BE REPORTED WI	nis Statement to the penalties of 2 U.S.C. D437g. THIN 10 DAYS.
Office Use		For further information co Federal Election Commissio Toll Free 800-424-9530	

Local 202-694-1100

	F	EC For	m 1 (Revised 02/2009)		Page 2		
5.			OMMITTEE .				
	Cano	didate	Committee:				
	(a)		This committee is a principal campaign committee. (Comple	ete the candidate information	below.)		
	(b)		This committee is an authorized committee, and is NOT a information below.)	principal campaign committee	e. (Complete the candidate		
	Name Candi						
	Candi Party	date Affiliatio	Office on Sought: House	Senate Presi	State ident District		
	(c)		This committee supports/opposes only one candidate, and	is NOT an authorized commi	ittee.		
	Name Candi	-					
	Part	y Com	nmittee:				
	(d)		This committee is a (National, State or subordinate) co	mmittee of the	(Democratic, Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify con	nected organization on line 6.	) Its connected organization is a:		
			Corporation Corpora	tion w/o Capital Stock	Labor Organization		
			Membership Organization Trade A	ssociation	Cooperative		
			In addition, this committee is a Lobbyist/Regia	strant PAC.			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or committee. (i.e., nonconnected committee)						
	In addition, this committee is a Lobbyist/Registrant PAC.						
			In addition, this committee is a Leadership PAC. (Idea	ntify sponsor on line 6.)			
	Joint	t Fund	raising Representative:				
	(g)		This committee collects contributions, pays fundraising exper committees/organizations, at least one of which is an authorize	ises and disburses net procee zed committee of a federal car	ds for two or more political addate.		
	(h)		This committee collects contributions, pays fundraising expendent committees/organizations, none of which is an authorized contributions.				
		Com	mittees Participating in Joint Fundraiser				
				FEC ID number C			
		1.					
		2.		FEC ID number C			
		3.		FEC ID number C			
		4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEC ID number C			
				•	and the second of the second o		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		<del></del>
THE JUDIO	CAL FAIRNESS PROJECT	
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	Leadership PAC Sponsor
MIOME	CITY STATE  ad Organization Affiliated Committee Joint Fundraising Representative	ZIP CODE
books and records.	entify by name, address (phone number optional) and position of the personal $W_1$ , $G_1A_1P_1D_1W_1F_2P_1$	on in possession of committee
Mailing Address	15,2,0,0, ROCKY, RIVER LD	
		000151
Title or Position	CITY STATE	28,2,1,5]-[] ZIP CODE
TREASURE	Telephone number [7,0]	4-13,0,1-16,60,2
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	d the name and address of
Full Name of Treasurer	M7 GALONEL	· · · · · · · · · · · · · · · · · · ·
Mailing Address	15,2,0,0, ROCKY, RIVER RO	
	CHARRATIA MC CITY STATE	28,2,17]-[
Title or Position	Telephone number 7.04	41-13,0, 1-16,6021

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

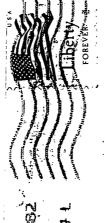
ZIP CODE

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THE SUDICAL FAILNESS PROJ 5100 ROCKY RIVER RD CHARLOTE, NC

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WASHINGTON, DC. 20463 999 E. ST,

(8/2013)

## **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 Postmarked **USPS Priority Mail Express** 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): PREPARER