Only

PAGE 1 / 6

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) ONSERVATIVE AMERICA NOW PAC 424 EAST 10TH STREET ADDRESS (number and street) #3D (Check if address is changed) **NEW YORK** 10009 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS whitneytd@gmail.com (Check if address is changed) Optional Second E-Mail Address michael@dbcapitolstrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) conservativeamericanow.org (Check if address is changed) DATE 03 2014 C00553313 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. Michael Gruccio Type or Print Name of Treasurer Michael Gruccio [Electronically Filed] Date 06 03 2014 Signature of Treasurer 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

| | EEC F - | 1 (Paying 02/2000) | Page 2 |
|-------------|-----------------------|--|--|
| | | om 1 (Revised 02/2009) OMMITTEE | Page 2 |
| | | 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. (Con information below.) | nplete the candidate |
| Nam Cano | e of didate | | |
| | didate / Affiliati | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cand | e of didate | | |
| Par | ty Con | nmittee: | (Damas anatis |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical A | ction 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 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 s committee. (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.) | |
| Join | t Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

| FEC Form 1 (Revis | sed 02/2009) | | Page 3 |
|--|---|----------------------------------|-------------------------------------|
| Write or Type Committee N | lame | | |
| CONSERVAT | TIVE AMERICA NOW | / PAC | |
| 6. Name of Any Connector | ed Organization, Affiliated Committee, | Joint Fundraising Representat | ive, or Leadership PAC Sponsor |
| NONE | | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committe | e Joint Fundraising Represe | entative Leadership PAC Sponsor |
| Custodian of Records: books and records. | Identify by name, address (phone number | er optional) and position of the | e person in possession of committee |
| I | ael Gruccio | | |
| Full Name | 203 South Union Street | | |
| Mailing Address | Suite 300 | | |
| | Alexandria | , , VA | , ,22314 |
| | Alexandria | | |
| Title or Position | CITY | STATE | ZIP CODE |
| Assistant Treasurer | | Telephone number | 202 210 5431 |
| Treasurer: List the name any designated agent (e. | e and address (phone number optional) .g., assistant treasurer). | of the treasurer of the commit | tee; and the name and address of |
| Full Name Tyler \ of Treasurer | Whitney | | |
| Mailing Address | 424 East 10th Street | | |
| | #30 | <u> </u> | |
| | New York | NY | 10009 |
| Title on Decision | CITY | STATE | ZIP CODE |
| Title or Position Treasurer | | Telephone number | 517 420 - 3186 |

| Full Name of | Dan Backei | r | | | | | | | | | | | | | |
|--|---------------------------------|--|-------------|-----------|-------------|--------------|---------|-----------|----------|---------|-------|---------|--------|--------------|--------|
| Designated Agent | Dan Backer | | | | | | | | | | | | | | |
| Mailing Address | | 203 South U | Inion Stree | et | 1 1 | | | ı | 1 1 | 1 1 | 1 1 | I | 1 1 | | 1 1 |
| <i>y</i> | | Ste 300 | | | | | | | | | | | | | |
| | | Alexandria | | | | | | | , VA | | 223 | 814 | | | |
| | | Alexandria | | | | | | | | | | | | - - | |
| Title or Position | | | | CITY | | | | | STATE | | | | ZIP C | ODE | |
| l | | | | 1 1 1 | I | Te | elepho | ne nui | nher | 20 | 02 | - | 210 | - 5 | 5431 |
| | | | | | 1 | 10 | лерио | ic riui | IIDCI | | | _ | | | |
| | | | | | | | | | | | | | | | |
| D 1 0.1 | Donocitorio | | | | | and the land | م ممالة | a ma mait | oo don | nsits f | inde | hold | 2000 | unto ro | |
| Banks or Other safety deposit bo | oxes or maint | : s: List all bar tains funds. | nks or oth | ner depos | sitories in | i wnich | the c | OHIIIII | lee dep | 55115 1 | unus, | i ioiu. | s acco | unis, re | ents |
| safety deposit be Name of Bank, | oxes or maint | tains funds. | nks or oth | ner depos | itories in | i wnich | tne c | OHIHHIL | ee aep | Joins 1 | unus, | rioid. | s acco | unis, re | ents |
| safety deposit be | oxes or maint Depository, et | tains funds. tc. | | ner depos | itories in | i wnich | the c | OTTITTIIL | ee dep | 03113 | unus, | noid. | s acco | unts, re | ents |
| safety deposit be | oxes or maint Depository, et | tains funds. | | ner depos | itories in | i which | the c | | Lee dep | | | loid | | unts, re | ents |
| safety deposit be Name of Bank, | oxes or maint Depository, et | tains funds. tc. | Bank | | | wnicn | the c | | Lee dep | | | | | unts, re | ents |
| safety deposit be | oxes or maint Depository, et | tains funds. tc. National | Bank | | | i wnich | the c | | Lee dep | | unus, | | | units, re | ents |
| safety deposit be Name of Bank, | oxes or maint Depository, et | National | Bank | | | wnicn | the c | | Lee depr | | 1201 | | | | ents |
| safety deposit be Name of Bank, | oxes or maint Depository, et | tains funds. tc. National | Bank | | | which | the c | | | | | | | | ents |
| safety deposit be Name of Bank, | oxes or maint Depository, et | National | Bank | | | which | the c | | | | | | ZIP C | - - | ents |
| safety deposit be Name of Bank, | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | the c | | VA | | | | | - - | ents |
| safety deposit be Name of Bank, Mailing Address | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | the c | | VA | | | | | - - | ents |
| safety deposit be Name of Bank, Mailing Address | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | the c | | VA | | | | | - - | ents . |
| safety deposit be Name of Bank, Mailing Address | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | the c | | VA | | | | | - - | ents |
| safety deposit be Name of Bank, Mailing Address Name of Bank, | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | | | VA | | | | | - - | ents |
| safety deposit be Name of Bank, Mailing Address Name of Bank, | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | | | VA | | | | | - - | ents |
| safety deposit be Name of Bank, Mailing Address Name of Bank, | Depository, et | National 14006 Lee J Chantilly | Bank | emorial H | | which | the c | | VA | | | | | - - | ents |

1mage# 14941281503 PAGE 5 / 6

: 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

This Committee responds to the December 26, 2013 RFAI as follows: In mailing the Committee's Form 1 to the FEC, Page 3 was inadvertently omitted. This Form 1 contains all of the necessary pages.

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Connected Organization [ADDITIONAL] **Designated Agent** Michael Gruccio Full Name 203 South Union Street Mailing Address Suite 300 Alexandria VA 22314 Title or Position CITY # **STATE** ZIP CODE Assistant Treasurer 202 210 5431 Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number