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201 JAN 19 A 10:28

Committee Name:

America's	President	Committee,	Inc
If registered, FEC ID:			

Today's Date:

01.18.2011

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

Re: Form 1, Statement of Organization-Unlimited Contributions

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,

Treasurer's Name: Ralph Benko Rellfh , Treasurer

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			2011 JAN 19 AM 9: 39
	STATEMENT C)F	FEC MAIL CENTER
FEC FORM 1	ORGANIZATIO	N	
		· · · · · · · · · · · · · · · · · · ·	Office Use Only
1. NAME OF COMMITTEE (in full)		ple:If typing, type the lines.	12FE4M5
America's Presic	lent Committee Inc.		
		<u> . . . </u>	
ADDRESS (number and street)	8280 Greensboro	Drive	
(Check if address	7th Floor		
is changed)	McLean		VA 22102
	CITY		STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e-mail add		
(Check if address	sarceneaux@politicalcor	npliance.com	
is changed)			<u></u>
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address	theconserva	fivechamp	$p_{ian,o} \sigma_{i} \sigma_{j} $
is changed)			
A11/12			j
2. DATE UI IZ	2011		
3. FEC IDENTIFICATION NUMBER			
4. IS THIS STATEMENT 🗙	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the best of my k	nowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Ralph Benko		
	1111		RARS (DI DE) HOTADADA
Signature of Treasurer	m &		Date 0,1 1.8 2011
	ous, or incomplete information may subj ANY CHANGE IN INFORMATION SHOL		is Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further Information co Federal Election Commissio Toll Free 800-424-9530	

FEC Form 1 (Revised 02/2009)

5. TYPE OF COMMITTEE Cendidate Cetmmittee: .

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(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				
Candi date Party Affilia	tion Office State State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name of Candidate				
Party Co				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the 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 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 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 Fun	draising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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.			
Committees Participating in Joint Fundraiser				
1.				
2.				
3.				
4.				

Write or Type Committee Name

America's President Committee Inc.

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

L				
L				
	Mailing Address			
		CITY	STATE ZIP CODE .	
	Relationship: Connecte	Organization Affiliated Committee Joint F	Fundraising Representative Leadership PAC Sponsor	
	20000124			
7.	 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. 			
		Benko, , , , , , , , , , , , , , , , , , ,		
	Mailing Address	8280, Greensboro Drive		
		[7]th, F,loor,		
		[McLean		
	Title or Position	CITY	STATE ZIP CODE	
		Tele	phone number [703] - [761] - [5000]	

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	h Benko, , , , , , , , , , , , , , , , , , ,		<u> </u>
Maili ng Address	8280, Greensboro Drive		
	l ⁷ th'Floor		<u> </u>
	McLean		221,02
Title or Position	CITY	STATE	ZIP CODE
		ne number [70	37615000
_			

FEC Form 1 (Revised 02/2009)

Title or Position Image: Second state sta	
Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Mailing Address [1445-A Laugh]in Avenue, [1445-A Laugh]in Avenue, [1645-A Laugh]in Avenue, [174	
Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Chain Bridge, Bank Mailing Address [1445-A Laugh]in Avenue, [McLean, CITY Name of Bank, Depository, etc.	STATE ZIP CODE
Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Chain Bridge, Bank Mailing Address [1445-A Laugh]in Avenue, [McLean, CITY Name of Bank, Depository, etc.	
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Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Chain Bridge Bank Mailing Address	VA 22101
Tele Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc. Chain Bridge Bank	
Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds. Name of Bank, Depository, etc.	<u>, , , , , , , , , , , , , , , , , , , </u>
Banks or Other Depositories: List all banks or other depositories in which t safety deposit boxes or maintains funds.	
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Title or Position	phone number
CITY	STATE ZIP CODE
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Aailing Address I	<u> </u>
Agent Lillili	

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Page 4

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Confir	mation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
V Overnight Delivery Service (Specify): Fさん ちゃや	Shipping Date
Next Busines	ss Day Delivery
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
Date of R Other (Specify):	Receipt or Postmarked
Imis	1/19/11
PREPARER (3/2005)	DATE PREPARED