## **BEN IS NOT MY FRIEND**

RECEIVED

2012 OCT 18 AM 9: 53 FEC MAIL CENTER

October 5, 2012

Federal Election Commission 999 E Street, NW Washington, DC 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,

Lisa Michelle Ellis

Treasurer

FEC FORM 1

## STATEMENT OF **ORGANIZATION**

2012 OCT 18 AM 9:53

			Piotrice just Conty									
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5									
BEN IS NOT MY	FRIEND PAC											
	<del>                                     </del>	<u></u>										
ADDRESS (number and street)	8130 ROSE HILL MANOR PI	LACE										
(Check if address is changed)	PORT TABACCO MD 20677											
	c	CITY	STATE ZIP CODE									
COMMITTEE'S E-MAIL ADDRESS	SS (Please provide only one e-i	mail address)										
(Check if address	e, I, I, i, s, m, g, t, @	comcastnet,										
is changed)												
COMMITTEE'S WEB PAGE ADD	PRESS (URL)											
(Check if address is changed)												
2. DATE 10 04	0 / Y Y Y Y 2012											
3. FEC IDENTIFICATION NU	IMBER C											
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)										
I certify that I have examined the	is Statement and to the best	of my knowledge and belief it	is true, correct and complete.									
Type or Print Name of Treasurer	LISA MICHELLE ELLIS	\										
Signature of Treasurer	CHELLE ELLIS		Date 10'84'3012									
	•	nay subject the person signing to ON SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g.									
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100										

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				<u> </u>	<del></del>	<del></del>							
Candidate Party Affiliati	on	President	State District										
(c)	This committee supports	opposes only o	ne candidate, and	is NOT an authoriz	ed committee.								
Name of Candidate													
Party Committee:  (National, State (Democratic,													
(d)	(National, State  This committee is a or subordinate) committee of the												
Political Action Committee (PAC):													
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is													
	Corporation		Corpora	tion w/o Capital Sto	ock	Labor Organization							
	Membership Org	janization	Trade A	sseciation		Cooperative							
	In addition	n, this committee	e is a Lobbyist/Regi	strant PAC.									
(f) ×	This committee supports committee. (i.e., nonconn			candidate, and is N	OT a separate	segregated fund or party							
	In addition, this co	ommittee is a Lo	bbyist/Registrant P	AC.									
	In addition, this co	ommittee is a Le	adership PAC. (Ide	ntify sponsor on line	6.)	•							
Joint Fund	Iralsing Representati	ve:											
(g)	This committee collects committees/organizations												
(h)	This committee collects committees/organizations					two or more political							
Com	mittees Participating in	Joint Fundrais	er										
1.				FEC ID nu	mber C								
2.				FEC ID nu	mber C								
3.		1	11111	FEC ID nu	mber C								
4.	1111111		11111	FEC ID nu	mber C								

	TEC TOTAL T (REVISED	u 02/2003)											
W	Write or Type Committee Name												
E	BEN IS NOT MY FRIEND PAC												
6.	Name or Any Connected	1 Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	Sponsor										
	ONE												
N	ONE												
1													
_	Mailing Address												
	Walling Flactions												
			<del></del>										
		CITY STATE ZIP COD	<del></del> F										
		5/1/L 2/1/5/5/	_										
	Relationship: Connect	cted Organization Affiliated Committee Joint Fundraising Representative Leadership F	'AC Sponsor										
 7.	Custodian of Records: Ide	dentify by name, address (phone number optional) and position of the person in possession of	of committee										
	Full Name	ICHELLE ELLIS 											
	Mailing Address	8130 ROSE HILL MANOR PLACE	1										
	ivialiting Address												
			لسب										
		PORT TABACCO MD 20677	لببا										
	Title or Position	CITY STATE ZIP COD	E										
	TREASURER	Telephone number 3 0 1 1 - 5 3 5 -	8   7   8   3										
_													
8.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name and a ., assistant treasurer).	ddress of										
	Full Name LISA MIC	ICHELLE ELLIS											
	of Treasurer		لحصي										
	Mailing Address	8130 ROSE HILL MANOR PLACE	لــــــا										
		PORT TABACCO MD 20677 -											
	The as Deale	CITY STATE ZIP COD	E										
•	Title of Position TREASURER	Telephone number 3 0 1 - 5 3 5 -	8 7 8 3										
•			1										

Name of Bank, Depository, etc.

ALEXANDRIA

CITY

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22302

ZIP CODE

VA

STATE

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PREPARER	DATE PREPARED

(3/2005)