RECEIVED 2014 JAN 14 PH 1: 17 FEC MAIL CENTER

Committee Name:

Term Limits March

If registered, FEC ID:

Today's Date:

January 7, 2014

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:

Max Linn

, Treasurer

14031152556

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1						ř	EC MAIL	ENTER	
1. NAME OF COMMITTEE (ir	full)	(Check is change		Example:If typover the lines		12FE4			
Term Limit	s Mar	ch				<u></u>		<u> </u>	
1		11111	1111						
ADDRESS (number a	nd street)	1264 E	len Isl	e Dr. N.E	i				
(Check if a is changed)		St. Pete	rsburg			FL	33704	<u>-</u>	
			C	CITY		STATE	ZIF	CODE	
COMMITTEE'S E-MA	AL ADDRES	SS (Please provide	only one e-	mail address)					
[] (Chook if	oddroon	stacy.te	rmlimi	tsmarch(@gmail	.com	1111		
(Check if is change						1 1 1 1			
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)							_
(Check if					1111				أننا
is change	d)	لسسا				1.1.1.			
2. DATE Ö1	٠ ' 7	°′2014	v						
3. FEC IDENTIFIC	CATION NU	IMBER	С	:					
4. IS THIS STATE	MENT X	NEW (N)	OR	AME	ENDED (A)				
I certify that I have o	examined th	is Statement and	to the best	of my knowledge	e and belief it	is true, con	rect and comple	te.	*************************************
Type or Print Name	of Treasurer	Max Li	nn						
Signature of Treasure	er Y	M.				Date C	01° ′ 07°	′ 20 ′1	4 ′
NOTE: Submission of		ous, or incomplete ANY CHANGE IN						of 2 U.S.C.	§437g.
Office Use Only				Federal El	r Information co ection Commission-424-9530			FORM 1 ed 02/2009)	

	FE	C For	m 1 (Revised 02/2009)	Page 2
j.	TYPE	OF C	DMMITTEE	
-	_		Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	.)
	(p)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cor information below.)	mplete the candidate
	Name of Candida			
	Candida Party A		Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name o Candida			
	Party	Com	mittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Politic	al A	ction Committee (PAC):	
	(e)	П	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.	Cooperative
	(f)	\square	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	segregated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
		٠	In addition, this committee is a Leadership PAC. (Identify spansor on line 6.)	
	Joint I	Fund	raising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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	nittees Participating in Joint Fundraiser	
		1.		
		2.		
		3.		
		4.	FEC ID number C	

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FEC Form 1 (Revise	d 02/2009) Page 3
Write or Type Committee Na	me
Term Limits Ma	arch
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor
	
Mailing Address	
-	
	CITY STATE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
Custodian of Records: k books and records.	dentify by name, address (phone number optional) and position of the person in possession of committee
Full Name Max	Linn
Mailing Address	204 37th Avenue North #449
	St. Petersburg
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number [727,] - [418,] - [7560,]
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the treasurer of the committee; and the name and address of ., assistant treasurer).
Full Name Max	Linn
Mailing Address	204 37th Avenue North #449
	<u> </u>
	St. Petersburg FL 33704 ZIP CODE
Title or Position Treasurer	Telephone number 727 - 418 - 7560
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FEC For	m 1 (Revise	d 02/2009)			Page 4
Full Name of Designated	ıN/A .				
Agent		4444			
Mailing Address		سسا			
		1			
				1 1 1	1 1 1
					
			CITY	STATE	ZIP CODE
Title or Position				•	
				Telephone number	┸┷┸┩╸┡╌┸╌┩╸┞╌┸╌╧
Banks or Other safety deposit be			s or other depositorie	es in which the committee deposit	s funds, holds accounts, rents
Name of Bank,	Depository,	etc.			
	_l Chạin	Bridge Ba	iņķ		
Mailing Address	·	1445,La	цghlin Avenue		
Maing Addiose					
		McLean,		MA I	22101, , _ , , ,
					

Name of Bank, Depository, etc.

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CITY

STATE

ZIP CODE

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(8/2013)

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