HAND DELIVERED

Engage America Action
1775 Village Center Circle, Suite 110
Las Vegas, NV 89134

RECEIVED 2014 AUG 25 PM 3: 25 FEC MAIL CENTER

August 25, 2014

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,

Chrissie Hastie

Treasurer

14021-129-0599

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FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	ONGANIZATION	2014 AUG 25 PM 3: 25 Office Use Only			
1. NAME OF COMMITTEE (in	full) (Check if name Example:If typing, ty is changed) over the lines.	PEC MAIL CENTER 12FE4M5			
Engage Ar	nerica Action				
ADDRESS (number ar	1775 Village Center Circle	e, Suite 110			
(Check if ac is changed)	dress Las Vegas	NV 89134			
	CITY	STATE ZIP CODE			
COMMITTEE'S E-MA (Check if is changed		<u>t </u>			
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
(Check if a is changed					
2. DATE 08" / 25° / 2014)					
3. FEC IDENTIFICATION NUMBER					
4. 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.					
Type or Print Name of	Chrissie Hastie				
Signature of Treasure		Date B'CS' ZOLL			
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 Use	For further inform Federal Election Co Toll Free 800-424-9	ommission FEC FORIVI I			

FE	C Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE	
Candi	idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (information below.)	Complete the candidate
Name o Candida	-·	<u> </u>
Candida Party A		State nt District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	e .
Name o	of	
Candida		
Party	Committee:	
	(National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) P
Politic	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	s connected organization
\-/		٦
	Corporation Corporation w/o Capital Stock	Labor Organizatio
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(4)		
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	te segregated fund or p
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds	for two or more political
(9)	committees/organizations, at least one of which is an authorized committee of a federal candid	
(h) [This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
(Committees Participating in Joint Fundraiser	
	1.	
	2. FEC ID number C	
		
;	3.	

FEC Form 1 (Revised 02/2009) Page 3 Write or Type Committee Name **Engage America Action** Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor None Mailing Address STATE ZIP CODE CITY Connected Organization Affiliated Committee Joint Fundraising Representative Relationship: Leadership PAC Sponsor Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records. Chrissie Hastie Full Name Mailing Address √egas Title or Position CITY STATE ZIP CODE Treasurer 15559 Telephone number 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 Chrissie Hastie of Treasurer Mailing Address

Full Name of Treasurer

Mailing Address

P.O. Box 751271

Las Vegas

CITY

STATE

Telephone number

Telephone number

To the second agent (e.g., assistant treasurer).

P.O. Box 751271

NV 89136

Treasurer

Telephone number

Telephone number

CITY

STATE

ZIP CODE

1403-129-0602

Mailing Address

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.				
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Received from Senate Public Records Office	Date of Receipt			
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Other (Specify):	eceipt or Postmarked			
R	8/26/14			
PREPARER (9/2012)	DATE PREPARED			
(8/2013)				