RECEIVED

2012 SEP 17 AM 9: 35

FEC MAIL CENTER

Innovative Crusaders of Truth	
If registered, FEC ID:	
N/A	
Today's Date:	
9/10/12	
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,

Matthew Dosk

Treasurer's Name:

Committee Name:

Matthew Doyle

Treasurer

Info Dec 1-200-424-9530

12030883606

STATEMENT OF

RECEIVED

FORM 1		0	RGAN	IZATI	ON	5:50	EP 17 Al	_
NAME OF COMMITTEE (in	n fuil)	, 8 K	Check if nams changed)		ample: If typing, type or the lines.	12FE4M5		: POTE.K
Inninio viait	ive	Grin	sade	risi oi	f. Trouth	1 1 1 1 1 1		
ADDRESS (number a		1112	Mais	tieirisi	Court 1	Apt #2		
(Check if address is changed)		W , a , /	.n.n.t	Cree	<u> </u>	STATE A	7,45,98 ZIP	CODE ▲
COMMITTEE'S E-MA	AIL ADDR	ESS				• •		
☐ (Check if is changed		•	•	,	rusiadieirs	1014 p	S. FIBIL	<u>e.bo.o.ki</u> co
COMMITTEE'S WEE (Check if a is changed)	address		face	600 K	(OMgirioluip	s/innov	vativ	<u>e,c,v,u,s</u>
2. DATE	9 1	<u>"1</u> 11"[a	ارزن					
3. FEC IDENTIFIC	CATION N	IUMBER	·					
4. IS THIS STATE	MENT	NEW	(N) O	R	AMENDED (A)			
I certify that I have	examined	this Stateme	ent and to the	best of my	knowledge and belief i	t is true, correct a	nd complete.	•
Type or Print Name	of Treasu	er <u>M</u>	attRel	v J	Soft	Matth	iew [Poyle_
Signature of Treasure	er	Math	Row	D	9	Date 0.4	, [<u> </u>	2013
NOTE: Submission of	false, erro			-	bject the person signing		ne penalties of	2 U.S.C. §437g.
Office Use					For further information of Federal Election Commiss		FEC FC	

FEC Fo	rm 1 (Revised 02/2009)	Page 2					
TYPE OF COMMITTEE							
Candidate Committae:							
(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. (Complet information below.)	e the candidate					
Name of Candidate							
Candidate Party Affiliati	on Office Sought: House Senate President	State District					
(c)							
Name of Candidate							
Party Con							
(d) .		mocratic, publican, etc.) Party.					
Political A	action Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ted organization is a:					
	Corporation w/o Capital Stock	abor Organization					
	Membership Organization Trade Association C	ooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.						
(1)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)						
Joint Fundraising Representative:							
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political					
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political					
Committees Participating in Joint Fundraiser							
1.							
2.	FEC ID number C						
3.	FEC ID number C						
4.							

_	FEC Form 1 (Revised	02/2009)	Page 3
_	Write or Type Committee Name	•	
-	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
L	11111111		
L			
	Mailing Address		
		CITY STATE ZIP	CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponsor
7.	Custodian of Records: Idea	ntify by name, address (phone number optional) and position of the person in posses	sion of committee
	Full Name	thew Doyle	
	Mailing Address	11.12 Masteris Court Apt #7	
	Title or Position	CITY STATE ZIP	CODE
	FOWNder B	Telephone number $[6,3,0]$ - $[22]$	0 - 4,8,0,0
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name of Treasurer	ther Daxle	
	Mailing Address	11.12 Masters Comst Aplita	
		CITY STATE ZIP	ODE
	Title or Position	Telephone number 5,39-22	0-49.60

9.

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
		·	
			1
	CITY	STATE	ZIP CODE
Title or Position	-		
		Telephone number	
safety deposit boxes or ma Name of Bank, Depository		ink & Coltu	M.C
	CITY	STATE	ZIP CODE
Name of Bank, Depository	, etc.		
Mailing Address			
		<u> </u>	
			<u> </u>
	CITY	STATE	ZIP CODE

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 9/11/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Conf	irmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess 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
Other (Specify):	Receipt or Postmarked
In the second se	9/17/12
(3/2005)	DATE PREPARED