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2013 MAR 13 AM 8: 39

FEC MAIL CENTER

Committee Name:
DEMOCRATS Unlimited
If registered, FEC ID:
Today's Date:
03/05/2013
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:
S. Dix, Treasurer

15051044613

FEC FORM 1

STATEMENT OF ORGANIZATION

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FEC MAIL SENTES

				TEU Office Use doly in I Ein			
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5			
DEMORTAL	S UNI	imiTED					
ADDRESS (number and stre	eet) 1/2	27, ROLLA	BRIDGE RO	P.A.D			
(Check if addressis changed)	ss Su	Suite 208-47					
• ,	15,7	ONE MOLU	Initalim				
COMMITTEE'S E-MAIL AS	DDRESS						
(Check if address is changed) Infinity and employed the contract of the contra							
.	Option	al Second E-Mail Ad	idress ·	·			
COMMITTEE'S WEB PAG	E ADDRESS	(URL)					
(Check if address is changed) WWWDEMOCRATSVNLVWITEDCOM							
	1						
	Li.		 				
2. DATE 03	05	2013					
3. FEC IDENTIFICATIO	ON NUMBER		i i sinst la complementation en grand la complementation en g				
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)			
I certify that I have exami	ned this State	ment and to the bes	t of my knowledge and belie	ef it is true, correct and complete.			
Type or Print Name of Tre	oouror.	5. Dix					
Type of Film Name of He	asulei						
Signature of Treasurer				Date 03 05 2013			
NOTE: Submission of false,			n may subject the person signi TION SHOULD BE REPORTE	ing this Statement to the penalties of 2 U.S.C. §43 D WITHIN 10 DAYS.			
Office Use			For further information Federal Election Communication Free 800-424-953	mission (Poving 08/0010)			

120 10 (1.0.1000 022000)							
TYPE OF COMMITTEE							
Candidate Committee:							
(a) This committee is a principal campaign committee. (Complete the car	ndidate information below.)						
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
Name of Candidate							
Candidate Office Sought: House Sena	State State President District						
(c) This committee supports/opposes only one candidate, and is NOT an	authorized committee.						
Name of Candidate							
Party Committee:							
(d) This committee is a (National, State or subordinate) committee of	f the (Democratic, Republican, etc.) Party.						
Political Action Committee (PAC):							
(e) This committee is a separate segregated fund. (Identify connected org	panization on line 6.) Its connected organization is a						
Corporation Corporation w/o Ca	apital 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, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party						
In addition, this committee is a Lobbyist/Registrant PAC.							
In addition, this committee is a Leadership PAC. (Identify sponso	or an line 6.)						
Joint Fundraising Representative:							
(g) This committee collects contributions, pays fundraising expenses and discommittees/organizations, at least one of which is an authorized committee.	sburses net proceeds for two or more political tree of a federal candidate.						
(h) This committee collects contributions, pays fundraising expenses and discommittees/organizations, none of which is an authorized committee of a							
Committees Participating in Joint Fundraiser							
1. [EC ID number C						
2.	EC ID number						
3.	EC ID number C						
4.	EC ID number C						

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٧	Vrite or Type Committee Name	1					
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadershi	p PAC Sponsor				
L							
L							
	Mailing Address						
		CITY STATE Z	IP CODE				
	Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	ership PAC Sponsor				
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee				
	Full Name 6 1/16	(1/1/1 1 1 1 1 1 1 1 1					
	Mailing Address 1/12/2/71 ROCK BIF LEGE ROCK						
		Siviritie 12,081-1471	<u> </u>				
		SITIONE MOINITIALINI GA 31001	P.71-L				
	Title or Position	CITY STATE Z	IP CODE				
	<u>C.60 </u>	Telephone number 4,0,4-7,2	79-4898				
8.	3. 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 Mailing Address LIZIZIZI LOCKELY LOCE LOCE LOCE LOCE LOC						
		SITIONE MOUNTAIN GA 3101018 CITY STATE Z	P CODE				
1	Title or Position Title (1915) U(12)	Telephone number					

CITY

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

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Postmark Illegible						
No Postmark						
Overnight Delivery Service (Specify):	Shipping Date					
Next Business	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):	ceipt or Postmarked					
Pr	3/13/13					
PREPARER (3/2005)	DATE PREPARED					