RECEIVED
2015 FEB -2 AM 9: 42

Committee Name:	FEC MAIL CENTER
Choose The Right	
If registered, FEC ID:	
Today's Date:	
December 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:

Griffin Tso

, Treasurer

HUDAL - MOO - MOMINT

FEC FORM

STATEMENT OF ORGANIZATION

RECEIVED

FORM 1	ORGANIZA	AHON	1	
I ORIVI I	·		7(1) @frice	Bse Only AM 9: 42
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.		MAIL CENTER
ICHOOSE THE	RIGHT			
ADDRESS (number and street)	11.1.6.6.5. KIS	MET RD		لتبييي
☐ (Check if address is changed)				
	SAN DILEGO CITYA		CA LI	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	:SS			•
(Check if address is changed)	CT RUSA OYA	H.O.D. C.D.M.		
	Optional Second E-Mail Add	dress W& Y A H O O • C O	M	
COMMITTEE'S WEB PAGE AD (Check if address is changed)	ICITIRIUISIAI IWE	EBLY COM		
2. DATE 1 0	3'2014			
3. FEC IDENTIFICATION N	UMBER ▶ [C]			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.
Type or Print Name of Treasure	er Griffin Tso			
Signature of Treasurer	21/2		Date [12]	07 / 20 (4
NOTE: Submission of false, error	·	may subject the person signing to TION SHOULD BE REPORTED N	•	nalties of 52 U.S.C. §30109
Office Use		For further information of Federal Election Commission Toll Free 800-424-9530	on F	EC FORM 1 (Revised 06/2012)

Page 2

Joint Fundraising Representative:

FEC Form 1 (Revised 02/2009)

TYPE OF COMMITTEE

g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

	t:	The second second second	-	w +1.	Tanaba 1				
(h)		This committee	collects cont	ributions, pays fur	ndraising expenses and	disburses	net proceed	ds for two or	more political
					authorized committee				•

Committees Participating in Joint Fundraiser

1.			1	_	\perp		 	Ц.	ᆚ	 			\perp			_	\perp	_] [EC	ID	number	C
2.	Ĺ	L		1					1		 	_		 	_			<u></u>	ן ן	EC	ID	number	C
3.	Ĺ	_		⊥		1		1			1					_			ן ן	EC	ID	number	C
4.																						number	

ZIP CODE

W	/rit	e o	rΤ	уp	e C	orr	nmi	tte	el	Na	me)																																		
6.	N	lam	ıe	of	An	у (Co	nne	ec	tec	1 0)rg	an	iza	tion	ı, <i>f</i>	Affi	liat	ed	Cc	m	mil	tte	е,	Joi	nt	Fu	ndı	ais	ing	Re	pro	ese	nta	tiv	е, с	or I	Lea		ers	hip	— э Р	AC	 ; s _i	por	nsor
L	1	<u> </u>	1	l		1	l			<u> </u> _	<u> </u>				1	1	_	1		1			ļ	l]					1		1	-		_	<u> </u>	<u> </u>		<u> </u>			_ _
L	L.		L	1								1		_[_				_[_							1						L		1		L	1	⊥	\perp		: 	L	L	L	L	L	
	М	lailii	ng	Ad	idre	ess						L		_]			⊥		L				_		1	L			1].		L							<u></u>	<u>L</u>	L	\perp			
												L	l												1	1	⊥		Т		L			1	L					L	<u> </u>	1	L	\perp	L	
												L	Д	┙		1			⊥					1	1					T	ل		L	.1	ل		L					1	- [_	- L		
																				_													_	TAT							71	ъ.	~~	,,,	_	

Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

Full Name Mailing Address ZIP CODE Title or Position CITY STATE 18,5,81-16,0,31-13,9,9,51 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 of Treasurer	GETFFIN ALAN, TSQ			<u> </u>	<u> </u>	
Mailing Address	[1,2,0,3,3, B FIA, D L E A F, W,	<i>k</i> .Y			1_1_1_1_	
		1 1 1 1			<u> </u>	
	[5, k, N, D) J, E, G, O, + 1 , 1 , 1	ا ل	<u>A</u>]			لــــــــــــــــــــــــــــــــــــــ
Title or Position	CITY	STAT	E	ZI	P CODE	
[C,F,O]	1	ne number	18,5	81-144	91-[7,9,	3,3

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	oseph Janes Taylo	1	
Mailing Address	111435 Trailbro	ot bane	
	San Bireau	[CA] [9]	
	CITY	STATE	ZIP CODE
Title or Position			-16.9.91-19.3.9.61
<u>Ciominaini</u>	keri	Telephone number	- 10-1-11-1-10
Name of Bank, Depo	or maintains funds. ository, etc.		
Name of Bank, Depo			
L			
Name of Bank, Depo			
L			
L			
L		STATE	ZIP CODE
L	citory, etc.	STATE	ZIP CODE
Mailing Address	citory, etc.	STATE	ZIP CODE
Mailing Address	citory, etc.	STATE	ZIP CODE
Mailing Address	citory, etc.	STATE	ZIP CODE
Mailing Address Name of Bank, Depo	citory, etc.	STATE	ZIP CODE

CITY

ZIP CODE

STATE

THEORY - MICHIGA

(8/2013)

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. Date of Receipt Hand Delivered Postmarked JSPS First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):