A CAPPARTITION OF THE STATE OF

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ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL MALL, SUITE 600 SACRAMENTO, CALIFORNIA 95814 FEC MAIL CENTER

2015 OCT - 1 PM 4: 36

(916) 442-7757 FAX (916) 442-7759 www.bmhlaw.com

September 30, 2015

Public Records Office Federal Election Commission 999 E Street, NW Washington, DC 20463

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1_X

Form 2____

Form 3___

Form 3X____

for Taxpayers for American Leadership.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,

Thomas W. Hiltachk

BELL, MCANDREWS & HILTACHK, LLP

ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL MALL, SUITE 600. SACRAMENTO, CALIFORNIA 95814

> (916) 442-7757 FAX (916) 442-7759

FEGERAL ELECTION
COMPAISSION
PUBLIC DISCLOSURE
DIVISHIN

2015 OCT - 1 PM 4: 45

Committee Name: www.bmhlaw.com

Taxpayers for American Leadership

If registered, FEC ID:

Today's Date:

10/01/2015

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:

Thomas W. Hiltachk

, Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

FEC MAIL CENTER
2015 OCT - 1 PM 4: 36

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Taxpayers for American Le	eadership			
			 	
ADDRESS (number and street)	455 Capitol Mall, Sui	.te 600		
(Check if address is changed)	Sacramento		CA	95814
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES		-mail address)		
(Check if address	feccomm@bmhlaw.com			
is changed)				
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
(Check if address				
is changed)				
2. DATE 10 01	0 / Y Y Y Y Y Y 2015			
3. FEC IDENTIFICATION NU	IMBER C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief	it is true, correct	and complete.
Type or Print Name of Treasurer	Thomas W. Hileachk			
Signature of Treasurer	Latingle	the	Date 10	01 2015
NOTE: Submission of false, errone		may subject the person signing ON SHOULD BE REPORTED V		the penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

	7 1 0///// 1	(Revised 02/2009)	Page 2
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(a)	~	emmittee: is committee is a principal campaign committee. (Complete the candidate information below.)	
	_	, , , , , , , , , , , , , , , , , , , ,	
(p)	inf	is committee is an authorized committee, and is NOT a principal campaign committee. (Com ormation below.)	piete the candidate
Name of Candida			
Candida Party Af		Office Sought: House Senate President	State
(c)	Th	nis committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida			
Party	Commi	ttee: (National, State	(Democratic,
(d)	Tt 🔲		Republican, etc.) Party
Politic	al Action	on Committee (PAC):	
(e)	O TI	nis committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
'0		thed	
(f)		his committee supports/opposes more than one Federal candidate, and is NOT a separate sommittee. (i.e., nonconnected committee)	egregated fund or part
(1)		his committee supports/opposes more than one Federal candidate, and is NOT a separate se	egregated fund or part
(1)		his committee supports/opposes more than one Federal candidate, and is NOT a separate semmittee. (i.e., nonconnected committee)	egregated fund or part
		his committee supports/opposes more than one Federal candidate, and is NOT a separate semmittee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC.	egregated fund or part
	Control Contro	his committee supports/opposes more than one Federal candidate, and is NOT a separate seconditive. (i.e., nonconnected committee) In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) sing Representative: his committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions, pays fundraising expenses and disburses net proceeds for the committee collects contributions.	wo or more political
Joint F	Fundrai	his committee supports/opposes more than one Federal candidate, and is NOT a separate seconditiee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) sing Representative:	wo or more political
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FEC Form 1 (Revised 03	2/2009)	Page 3
Write or Type Committee Name Taxpayers for American Lea	dership	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
Ndne		
Mailing Address		
		. -
	CITY STATE Z	ZIP CODE
Lant	Organization Affiliated Committee Joint Fundraising Representative Lead	
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of the person in poss	ession of committee
	. Hiltachk	1
Full Name	455 Capitol Mall, Suite 600	
Mailing Address	1	
	Sacramento , CA , 95814	
Title or Position	CITY STATE 2	ZIP CODE
Custodian of Records	Telephone number 916 - 44	2 7757
Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nan issistant treasurer).	ne and address of
Full Name Thomas W	. Hiltachk	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento CA 95814 CITY STATE Z	ZIP CODE
Title or Position Treasurer	Telephone number 44	

1

FEC Form 1 (I	Revised 2/2009)		Page 4
Full Name of			
Decienated	rey Perry Martin		
Mailing Address	455 Capitol Mall, Suite 600		
	Sacramento CITY	STATE	ZIP CODE
Title or Position Assistant Treas	rer Telephor	ne number 916	
 Banks or Other Dep safety deposit boxes Name of Bank, Depo 		ommittee deposits func	ds, holds accounts, rents
Ca	lifornia Bank & Trust	1 1 1 1 1 1 1 3	
Mailing Address	550 South Hope Street, Suite 100		
·			
	Los Angeles	CA	90071
	CITY	STATE	ZIP CODE
Name of Bank, Depo	sitory, etc.		
لـا		 	
Mailing Address			

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20463 IAD



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DATE PREPARED (3/2015)