Committee Name:

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Adelante Boricua			•
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If registered, FEC ID:	na na - ann -		

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Today's Date:

August 27, 2012

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: Onix Maldonado , Treasurer

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FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVER.		
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5 PECMAIL CENTER		
ADELANTE B	$\mathcal{O}_{1}\mathcal{O}$			
ADDRESS (number and street)	NEW SAN JUAN B149.	ISLA VERDE AVE.		
(Check if address is changed)	6471 SUITE 808			
	CITYA	Image: Non-State Image: Non-State<		
COMMITTEE'S E-MAIL ADDR	IESS			
(Check if address is changed)	adellanteboricuaegmi	ail.com		
	Optional Second E-Mail Address			
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
(Check if address is changed)				
2. DATE 091 277 2012				
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 Treasurer Onix Maldonado				
Signature of Treasurer Date 08 27 2012				
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 Only	For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100			

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FEC	Form	1	(Revised	02/2009)
			(1101000	02/2000)

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TYPE	OF C	OMMITTEE		
Cane	didate	e Committee:		
(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. (Complete the candidate information below.)		
Name Candi	-			
Candi Party	date Affiliati	ion Office State State State District		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candi	-			
Part	y Con	nmittee:		
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Committee of the Republican, etc.) Party.		
Polit	ical A	Action Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:		
		Corporation Corporation w/o Capital Stock Labor Organization		
		Membership Organization Trade Association Cooperative		
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	M	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or perty committee. (i.e., nonconnected committee)		
		In addition, this committee is a Lobbyist/Registrant PAC.		
		In addition, this committee is a Leadership PAC. (Identify sponsor on lice 6.)		
Joint Fundraising Representative:				
(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.		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.		
Committees Participating in Joint Fundraiser				
	1.			
	2.			

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5.

FEC	Form	1	(Revised	02/2009)
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Page 3

Write or Type Committee Name

6. Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undralsing Representative	or Leadership PAC Sponsor
· · · · · · · · · · · · · · · · · · ·			,
		<u> </u>	
Mailing Address			
	CITY	STATE	ZIP CODE
		laint Fundaciaine Descarat	
Relationship:	cted Organization	Joint Fundraising Represent	ative Leadership PAC Sponso
		<u> </u>	
Custodian of Records: books and records.	dentify by name, address (phone number op	ptional) and position of the p	person in possession of committe
	TX MALDONADO		
	VILLLA NADBID 7	ST. G-1	
Mailing Address			┫╾┊╴╫┉╌╂═╶┞╌╌┨┉╖┠╌╴┠╌╌┨┉╌┨╴╴╵╴
			0,0,7,6,9]-
Title or Position	CITY	STATE	ZIP CODE
- 0 -		_	
TREASURE	<u>K, , , , , , , , , , , , , , , , , , , </u>	Telephone number	87-298-428
Treasurer: List the name any designated agent (e.g.)	and address (phone number optional) of the	treasurer of the committee	; and the name and address of
•			
Full Name	FX MALDANADO		
	NJLLA MADRIJD 7	-CT C-1	
Mailing Address	<u>ן ארא תוען ייזין ייש ארא זי</u> ן <u>י</u>		
	COAMO	$\mathbf{P}_{\mathbf{R}}$	0,0,7,6,9]-1

CITY STATE ZIP CODE Title or Position $\begin{bmatrix} R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 E_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 S_1 U_1 R_1 R_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 E_1 A_1 & \dots & \dots \\ \hline R_1 A_1 & \dots & \dots \\ \hline R_1 B_1 & \dots & \dots \\ \hline R_1 A_1 & \dots & \dots \\ \hline R_1 & \dots &$

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Full Name of Designated Agent	S, B,A,L,B,I,N,O, , , , , , , , , , , , , , , , , ,	_
Mailing Address	1P,O, B,O,X, 1,2,6,8	
	MIOICIA [] [PIR] [DIOI6.7.6]-[] [] [] CITY STATE ZIP CODE	L
Title or Position [D,E,P,U,T,Y, ,T,R]	E_A, S, U, R, E, R [3,7,9] - [6,7,6,6] Telephone number [7,8,7] - [3,7,9] - [6,7,6,6]	ני

9. Banks or Other Depositorles: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

SCO.	TIABANK		
Mailing Address	LAGUNA, GARDENS, S	HOPPING C	ENTER
	Sutte 103		
	CAROLINA		09.7.9.
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.	, ,	
Mailing Address			
		1.1.1.1.1.1.1.1	
	СІТҮ	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Co	onfirmation [™] Label
USPS Express Mail	Postmarked 8/28/12
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	iness 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
Date of Other (Specify):	of Receipt or Postmarked
PREPARER	8/29/1- DATE PREPARED
(3/2005)	