

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2015 JUN 15 AM 10:39
Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COLLECTIVE ACTIONS PAC

ADDRESS (number and street)

12 BROOKES AVENUE



(Check if address is changed)

BURLINGTON

CITY ▲

VT

STATE ▲

05401

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

INFO@COLLECTIVEACTIONS.US

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

COLLECTIVEACTIONS.US

COLLECTIVEACTIONS.ORG

2. DATE

06

02

2015

3. FEC IDENTIFICATION NUMBER

C

00555615

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

CHRISTOPHER PEARSON

Signature of Treasurer

Date

06

02

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

110001 14M 11004

5. TYPE OF COMMITTEE

Candidate 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 of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State 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 the (Democratic, Republican, etc.) Party.

Political 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) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party 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 line 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.	_____	FEC ID number	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

11031100110001

Write or Type Committee Name

COLLECTIVE ACTIONS PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Empty grid lines for organization name

Mailing Address

Empty grid lines for mailing address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

CHRISTOPHER PEARSON

Mailing Address

PO BOX 605

BURLINGTON

VT

05402

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

802

- 860

- 3933

8. 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

CHRISTOPHER PEARSON

Mailing Address

PO BOX 605

BURLINGTON

VT

05402

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

802

- 860

- 3933

110001 43M 41000

Full Name of Designated Agent

CHRISTOPHER PEARSON

Mailing Address

PO BOX 605

BURLINGTON VT 05402

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

802 - 860 - 3933

9. Banks or Other Depositories: 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.

NORTHFIELD SAVINGS BANK

Mailing Address

160 COLLEGE STREET

BURLINGTON VT 05401

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

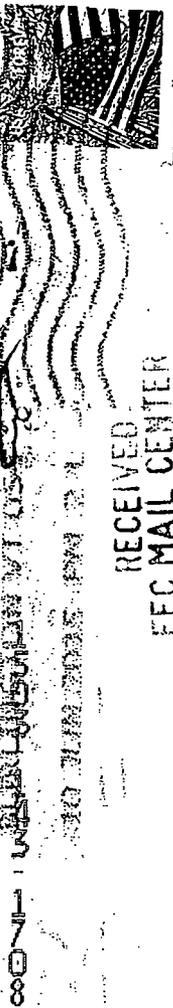
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ZIP CODE

NON-PROFIT

Draft Bernie

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FEC
999 E Street, NW
Washington, DC 20463

