## RECEIVED 2012 OCT 25 AM 11:44 FEC MAIL CENTER

**Committee Name:** 

## DEMOCRATIC LIBERAL SUPER PAC OF IDAHO If registered, FEC ID:

10/17/2012

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,

Alexander Chiles

ALEXANDER CLINTON

, Treasurer

۰.

FEC FORM 1	_	TATEMEI DRGANIZ		-	1	RECEIVED
1. NAME OF COMMITTEE (in fu		(Check if name is changed)		nple:If typing, type the lines.	12FE4M	· · · · · · · · · · · · · · · · · · ·
DEMOCRAT		RAL SUPE	RP	AC OF IDAI	<b>HO</b>	
ADDRESS (number and s	etreet)	), BOX 16	194		<u> </u>	]
(Check if addre is changed)		NTATION	┶╌┵╌┵		بر بر بر الم ال <b>FL</b>	33318 
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL (Check if add is changed) COMMITTEE'S WEB PA		nocraticLi		dress) ISuperPacs(	<u>@g</u> ma	il.com
(Check if add is changed)			<u> </u>			
2. DATE 10	′ 1 <b>7°</b> ′ 2	012				
3. FEC IDENTIFICAT	ION NUMBER	С				
4. IS THIS STATEME		V (N) <b>OR</b>		AMENDED (A)		
l certify that I have example or Print Name of T	Δ١	eent and to the best EXANDEF			is true, corre	act and complete.
Signature of Treasurer		ander (	de	too	Date 1	0°′17°Ž012Č
NOTE: Submission of fals				ject the plerson signing the plerson signing the plerson signing the plerson significant the plerson significant s		to the penalties of 2 U.S.C. §437g. 'S.
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

•

12030932714

5

-

FEC Form 1 (Re	vised 02/2009)
----------------	----------------

.

5.			DMMITTEE
	Cano	date	Committee:
	(a)	Ц	This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)	Ц	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Name Candi		<u> </u>
	Candi Party	date Affiliatio	n Office State State Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Party	/ Com	mittee:
	(d)		(National, State(Democratic,This committee is aor subordinate) committee of theRepublican, etc.) Party.
	Politi	ical Ac	ction Committee (PAC):
	(e)	$\Box$	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)	$\mathbf{X}$	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 commuttee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	.loint	Fund	ralsing Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
	(9)		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.
		Com	nittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C
		3.	FEC ID number
		4.	FEC ID number C
,			

,

L

Γ

FEC	Form	1 (F	<i><b>Revise</b></i>	d 02/2	2009)

Write or Type Committee Name

## DEMOCRATIC LIBERAL SUPER PAC OF IDAHO

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundratising Representative, or Deadership PAC Sponsor

NONE					
Mailing Address					
					·[]
		CITY	STATE	E ZIP CO	DE
Relationship: Connected	I Organizati	ion Affiliated Committee	int Fundraising Represe	entative 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.

			<u></u>
Mailing Address	P. O. BOX 16194		
		┶╌┾╌┾╴┽╴┦╴╢╴┨╶┠╶┠	
			33318
Title or Position	СПҮ	STATE	ZIP CODE
CHIEF FINANCI		elephone number (954	42797552

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		<u></u>		
Mailing Address	P. O. BOX 16194			
		<u> </u>	<u>↓_↓_↓</u>	
			FL	33318
Title or Position	CITY		STATE	ZIP CODE
TREASURER		Telephone nu	mber 195	42797552

l

FEC	Form	1	(Revised	02/2009)
-----	------	---	----------	----------

Title or Position	1 4 1	i	1	1	1	1			1	1	1		1					Tele	eph	one	n	umi	ber		I	1	1	-	ł		1	{-'		1	,	ł
											Cľ	TY											ST/	ΛTE						ZI	PC	OD:	E			
			L	1_	1		1_		1		_1_	_1_		_1	1	1		1		L			L	1_			L	1 -	L		1	]-[				J
			L	1_	1_	1_	1_	1	1		_1_	.1	1	.1	1		_1_	1	1_	1	1	<u> </u>	<u> </u>	<u> </u>						1_	<u>.                                    </u>	11				l
Mailing Address			L	L	L	1	1	.1	.1	-1	-1	1	_1		.1	I		1	1	1	1	L	1.	1_	1	L	1	<u> </u>		1	1	1_1			_1_	
Full Name of Designated Agent	LLL	<u>.                                    </u>	L	<u> </u>	1		<u> </u>							_L		1.		1	⊥_	<u></u>	<u> </u>	<u> </u>	<u> </u>		<u></u>	_ <b>_</b>		_1	1	_L.,	.L	<u>i_</u> 1	l			ļ

Page 4

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.	
------	----	-------	------------------	--

BA		
Mailing Address	8,181,WEST BROWARD,BLVD	
		FL33324L
	СПҮ	STATE ZIP CODE
Name of Bank, Deposit	pry, etc.	
L		
Mailing Address		
	CITY	STATE ZIP CODE

J

•

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Conf	irmation <sup>™</sup> Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	ess 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):	Receipt or Postmarked
PREPARER (3/2005)	10/25/12 DATE PREPARED