

| Committee Name:        |                  |  |
|------------------------|------------------|--|
| MOVING A               | MERICALS FORWARD |  |
| If registered, FEC ID: |                  |  |
| Today's Date:          |                  |  |
| 10/01/201              |                  |  |

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,

STEVEN AVERBACK, Treasurer

## 12030892716

FEC

## STATEMENT OF RECEIVED

| FORM 1                  |                   | UNGANIZ                    | AHO                                            |                                                                                                         | 2012.00                                      | T -9 AM 8: 49                   |
|-------------------------|-------------------|----------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------|
| NAME OF COMMITTEE (in   | full)             | (Check if name is changed) |                                                | ple:If typing, type<br>he lines.                                                                        | 12FE4M5                                      | MAILCENIER                      |
| 140 VII NG              | AMERI             | CAMS FOR                   | Qu A C                                         | <b>D</b>                                                                                                | !                                            |                                 |
|                         |                   |                            |                                                |                                                                                                         |                                              |                                 |
| ADDRESS (number ar      | nd street)        | MARRON                     | CAN                                            | <u>E</u>                                                                                                | <u>                                     </u> |                                 |
| (Check if a             | address           |                            | 1   1                                          |                                                                                                         | 1 1 1 1 1 1                                  |                                 |
| is changed              |                   | EIW PACT                   | 3                                              |                                                                                                         | PY (                                         | ZJ 6 1 - L I                    |
| COMMITTEE'S E-MA        | IL ADDRESS        |                            |                                                |                                                                                                         |                                              |                                 |
| (Check if a             | address A         | WERCO: 1                   | 23, R                                          | AOC. TOM                                                                                                |                                              |                                 |
|                         | Opt               | ional Second E-Mail A      | Address                                        |                                                                                                         |                                              |                                 |
|                         | <u>L</u>          |                            |                                                |                                                                                                         |                                              |                                 |
|                         |                   |                            |                                                |                                                                                                         |                                              |                                 |
| COMMITTEE'S WEB         |                   | •                          |                                                | 1                                                                                                       |                                              |                                 |
| (Check if a is changed  | address <u>K</u>  | 0.V1:M6:AM                 | ELIC                                           | ANSTORA                                                                                                 | ACDI GO                                      | M                               |
| <i>!</i>                | <u>.</u>          | ·<br>                      | <u> </u>                                       | <u> </u>                                                                                                |                                              |                                 |
| 2. DATE                 |                   | 2012                       | •                                              |                                                                                                         | 2 7 12                                       |                                 |
| 3. FEC IDENTIFIC        | CATION NUMBE      | R ▶ C                      | n <mark>ený sma</mark> nym nejma<br>redomentom |                                                                                                         |                                              |                                 |
| 4. IS THIS STATEM       | MENT L            | NEW (N) OR                 | 197-40-197-197-197-197-197-197-197-197-197-197 | AMENDED (A)                                                                                             |                                              |                                 |
| I certify that I have e | examined this Sta | atement and to the be      | est of my kr                                   | lowledge and belief it                                                                                  | is true, correct and                         | d complete.                     |
| Type or Print Name      | of Treasurer      | TEVEN                      | Aue                                            | LAACH .                                                                                                 |                                              |                                 |
| Signature of Treasure   |                   | ral                        |                                                |                                                                                                         | Date / U                                     | 0.0.2012                        |
| NOTE: Submission of     |                   | or incomplete information  |                                                |                                                                                                         |                                              | penalties of 2 U.S.C. §437g.    |
| Office<br>Use<br>Only   |                   |                            |                                                | For further information of<br>Federal Election Commissi<br>Foll Free 800-424-9530<br>Local 202-694-1100 | ontact:                                      | FEC FORM 1<br>(Revised 06/2012) |

5.

|             | _                                            | OMMITTEE<br>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.)                                                                                        |  |  |  |  |
| Nam<br>Cano | e of<br>didate                               |                                                                                                                                                                                                                          |  |  |  |  |
|             | didate<br>/ Affiliati                        | on Sought: House Senate President District                                                                                                                                                                               |  |  |  |  |
| (c)         |                                              | This committee supports/opposes only one candidate, and is NOT an authorized committee.                                                                                                                                  |  |  |  |  |
| Nam<br>Cand | e of<br>didate                               |                                                                                                                                                                                                                          |  |  |  |  |
| Par         | ty Con                                       | nmittee:                                                                                                                                                                                                                 |  |  |  |  |
| (d)         | J. J. J.                                     | This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.                                                                                                              |  |  |  |  |
| Poli        | tical A                                      | otion Committee (PAC):                                                                                                                                                                                                   |  |  |  |  |
| (e)         | 1                                            | 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.)                                                                                                                                           |  |  |  |  |
| Join        | 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                                                                                                                                                                                                            |  |  |  |  |
|             | 2.                                           | FEC ID number                                                                                                                                                                                                            |  |  |  |  |
|             | 3.                                           | FEC ID number                                                                                                                                                                                                            |  |  |  |  |
|             | 4.                                           |                                                                                                                                                                                                                          |  |  |  |  |

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|    | FEC Form 1 (Revise                                | ed 02/2009)                                                                                              | Page 3                  |
|----|---------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------|
| ٧  | Vrite or Type Committee N                         | ame                                                                                                      |                         |
| 6  | much Aus                                          | ênicans to ann a o                                                                                       |                         |
| 6. | Name of Any Connecte                              | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lead                         | ership PAC Sponsor      |
| 1  | 1042-111                                          |                                                                                                          |                         |
| L  |                                                   |                                                                                                          |                         |
|    | Mailing Address                                   |                                                                                                          |                         |
|    |                                                   |                                                                                                          |                         |
|    |                                                   |                                                                                                          |                         |
|    |                                                   | CITY STATE                                                                                               | ZIP CODE                |
|    | Relationship: Conne                               | ected Organization Affiliated Committee Juloint Fundraising Representative                               | Leadership PAC Sponsor  |
| 7. | Custodian of Records:<br>books and records.       | Identify by name, address (phone number optional) and position of the person in                          | possession of committee |
|    | Full Name                                         |                                                                                                          |                         |
|    | Mailing Address                                   |                                                                                                          | <u> </u>                |
|    |                                                   |                                                                                                          |                         |
|    |                                                   |                                                                                                          |                         |
|    | Title or Position                                 | CITY STATE                                                                                               | ZIP CODE                |
|    | TRASUN                                            | EV Telephone number                                                                                      |                         |
| 8. | Treasurer: List the name any designated agent (e. | and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer). | name and address of     |
|    | Full Name of Treasurer                            | EVEN AUERBACH                                                                                            | <u> </u>                |
|    | Mailing Address                                   | YHARROW LANE                                                                                             |                         |
|    |                                                   |                                                                                                          |                         |
|    |                                                   | NEW PAUTS  CITY STATE                                                                                    | ZIP CODE                |
| •  | Title or Position                                 | R Telephone number                                                                                       | 256-0185                |

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|                                        | Revised 02/2009) |          | Page 4   |
|----------------------------------------|------------------|----------|----------|
|                                        |                  |          |          |
| Full Name of<br>Designated<br>Agent    | <u> </u>         | <u> </u> | <u> </u> |
| Mailing Address                        |                  |          |          |
|                                        |                  | <u> </u> |          |
|                                        | CITY             | STATE    | ZIP CODE |
| Title or Position                      |                  |          |          |
|                                        | Telephone        | number 1 |          |
| Mailing Address                        | 191 MAIN ST      |          |          |
|                                        |                  |          |          |
|                                        | MEW PALTE        |          | 1:2561-  |
|                                        | MEW PALTES       | STATE    |          |
| Name of Bank, Depos                    | CITY             | STATE    |          |
| Name of Bank, Depos                    | CITY             | STATE    |          |
| Name of Bank, Depos                    | CITY             | STATE    |          |
| Name of Bank, Depos                    | CITY             | STATE    |          |
| L                                      | CITY             | STATE    |          |
| ــــــــــــــــــــــــــــــــــــــ | CITY             | STATE    |          |

## **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. |                               |  |  |  |
|------------------------------------------------------------------------------------|-------------------------------|--|--|--|
| Hand Delivered                                                                     | Date of Receipt               |  |  |  |
| USPS First Class Mail                                                              | Postmarked 10/3/1             |  |  |  |
| USPS Registered/Certified                                                          | Postmarked (R/C)              |  |  |  |
| USPS Priority Mail                                                                 | Postmarked                    |  |  |  |
| Delivery Confirmation <sup>™</sup> or Signa                                        | ture Confirmation™ Label      |  |  |  |
| USPS Express Mail                                                                  | Postmarked                    |  |  |  |
| Postmark Illegible                                                                 |                               |  |  |  |
| No Postmark                                                                        |                               |  |  |  |
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| Received from Senate Public Records Office                                         | Date of Receipt               |  |  |  |
| Received from Electronic Filing Office                                             | Date of Receipt               |  |  |  |
| Other (Specify):                                                                   | Date of Receipt or Postmarked |  |  |  |
| And                                                                                | 10/9/1                        |  |  |  |
| PREPARER                                                                           | DATE PREPARED                 |  |  |  |

(3/2005)