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Committee Nam	ne:				FEC MAIL CENTER
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If registered, F	EC ID:			erset en	-

Today's Date:					
07/01	/13	***************************************			
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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:

Eliana Sheriff

Elin Sulla

. Treasurer

13031083737

STATEMENT OF **ORGANIZATION**

2013 IIII 12 AM 8: | |

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
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ADDRESS (number and street)	46E PENIN	NISIUILIAI ICITIRIOI	SITIE: 13159111111
(Check if address is changed)			
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COMMITTEE'S E-MAIL ADDRE	ss		
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· ·	Optional Second E-Mail A	ddress Jimia i i lio i cio imi i i	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)		
(Check if address is changed)			
			
2. DATE 07 / 0	1 2013		
3. FEC IDENTIFICATION NU	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	is Statement and to the bes	st of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Eliana St	periff	
Signature of Treasurer	Eliana Sh	66	Date 0.7 01 2013
		n may subject the person signing the TION SHOULD BE REPORTED W	nis Statement to the penalties of 2 U.S.C. §437g. THIN 10 DAYS.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	EEL. ELIBIA I

FEC Form 1 (Revised 02/2009)		Page 2
TYPE OF COMMITTEE		
Candidate Committee:	•	
(a) This committee is a pri	rincipal campaign committee. (Complete the candida	ate information below.)
(b) This committee is an a information below.)	authorized committee, and is NOT a principal camp	aign committee. (Complete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate	State State President District
(c) This committee suppor	rts/opposes only one candidate, and is NOT an aut	chorized committee.
Name of Candidate		
Party Committee:		
(d) This committee is a	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Political Action Committee (P.	AC):	
(e) This committee is a se	eparate segregated fund. (Identify connected organiz	ation on line 6.) Its connected organization is
Corporation	Corporation w/o Capita	al Stock Labor Organization
Last.	Magnetia .	Free Control of the C
		Cooperative
In addit	tien, this committee is a Lobbyist/Registrant PAC.	
This committee support committee. (i.e., noncor	rts/opposes more than one Federal candidate, and nnected committee)	is NOT a separate segregated fund or part
In addition, this	committee is a Lobbyist/Registrant PAC.	
In addition, this	committee is a Lieadership PAC. (Identify sponsor or	ı line 6.)
Joint Fundraising Representa	itive:	
	contributions, pays fundraising expenses and disburins, at least one of which is an authorized committee	
	contributions, pays fundraising expenses and disbur- ns, none of which is an authorized committee of a fed	
Committees Participating in	in Joint Fundraiser	
1.		
		D number C
2. []]		D number C
2. [

FEC Form 1 (Revised 02/2009) Write or Type Committee Name 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor N 0 N	r
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso	r]
[N]O NE	r
[N]O NE	or
	1
Mailing Address	- 1
Mailing Address	
CITY STATE ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo	onsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of commobooks and records. 	nittee
Full Name	1
Mailing Address	, 1
	المسالب
Title or Position CITY STATE ZIP CODE	
TIREASIURER Telephone number	
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	of
Full Name of Treasurer EILI I A I NIA I Y I Y IO IN IN E I SIA ILILIN I SIH E RI I F F I I I I I I I I I I I I I I I	
Mailing Address 46 E PENLINSIULA CTR. STEIN 3591	
ROLLILING HILLISI ESTID CIA 9012741-	,
CITY STATE ZIP CODE	
Title or Position	

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Full Name of Designated	1					 1
Agent		<u></u>	<u> </u>	1 1 1 1 1 1		
Mailing Address						
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			CITY		STATE	ZIP CODE
Title or Position	1 1 1 1			Telephone nur	nber	
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Mailing Address					<u> </u>	<u> </u>
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			CITY		STATE	ZIP CODE
Name of Bank,		L L L	CITY			
Name of Bank,		L L L	CITY			
Name of Bank,	Depository, e				STATE	
Name of Bank, Mailing Address	Depository, e				STATE	ZIP CODE
	Depository, e				STATE	ZIP CODE
	Depository, e				STATE	ZIP CODE

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. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt 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 or Postmarked Other (Specify):

DATE PREPARED

PREPARER (7/2013)