PEDERAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2014 AUG 13 PM 2: 37

Committee Name:

GOTV USA Independent Expenditure Poltiical Action Committee

If registered, FEC ID:

Today's Date:

08/10/2014

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:

Rebecca D. Edmondson

Treasurer

FEC FORM 1		STATEME ORGANIZ	· - -		RECEIVED 2014 AUG 13 AM 11: 40
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	
GOTV USA Ind	epende	nt Expenditure Po	litical Action Committe	ee,	
	l <u>. l</u> . l. l.				
ADDRESS (number ar	nd street)	[140 Bayswater S	treet	<u>, , , , , , , , , , , , , , , , , , , </u>	
(Check if ad	ldress			<u>I. I. H. I. I. </u>	<u> </u>
is changed)		Boston	╘┉╁╴╂╶╉┈╠┈┠╴┠╶╌┠┯╴┠╶	MA	02128
		•	CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only one	e e-mail address)		
(Check if is change		spencer@thecar	npaignnetwork.com	╷┥ _{╴┥} ╋╌┥┥ ┥╴┖╶┥╴┥	
COMMITTEE'S WEB	PAGE ADI				
(Check if is changed		www.gotvusa.com			
2. DATE 08.	1 <u>0</u>	° <u>2014.</u>			
3. FEC IDENTIFIC	CATION NU	JMBER C			
4. IS THIS STATE		NEW (N) OR	AMENDED (A)	
I certify that I have e	examined th	nis Statement and to the b	est of my knowledge and beli	ef it is true, corre	ect and complete.
Type or Print Name	of Treasure	Rebecca D. Edi	mondson		· · ·
Signature of Treasure	er /	har		Date 08	10, 20 <u>,14</u> , 20,14, 20,14, 20,14
NOTE: Submission of			ion may subject the person signi ATION SHOULD BE REPORTE	-	to the penalties of 2 U.S.C. §437g. 'S.
Office Use Only			For further informatil Federal Election Comm Toll Free 800-424-953 Local 202-694-1100	mission	FEC FORM 1 (Revised 02/2009)

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FEC Form 1 (Revised 02/2009)	FEC	Form	1	(Revised	02/2009)
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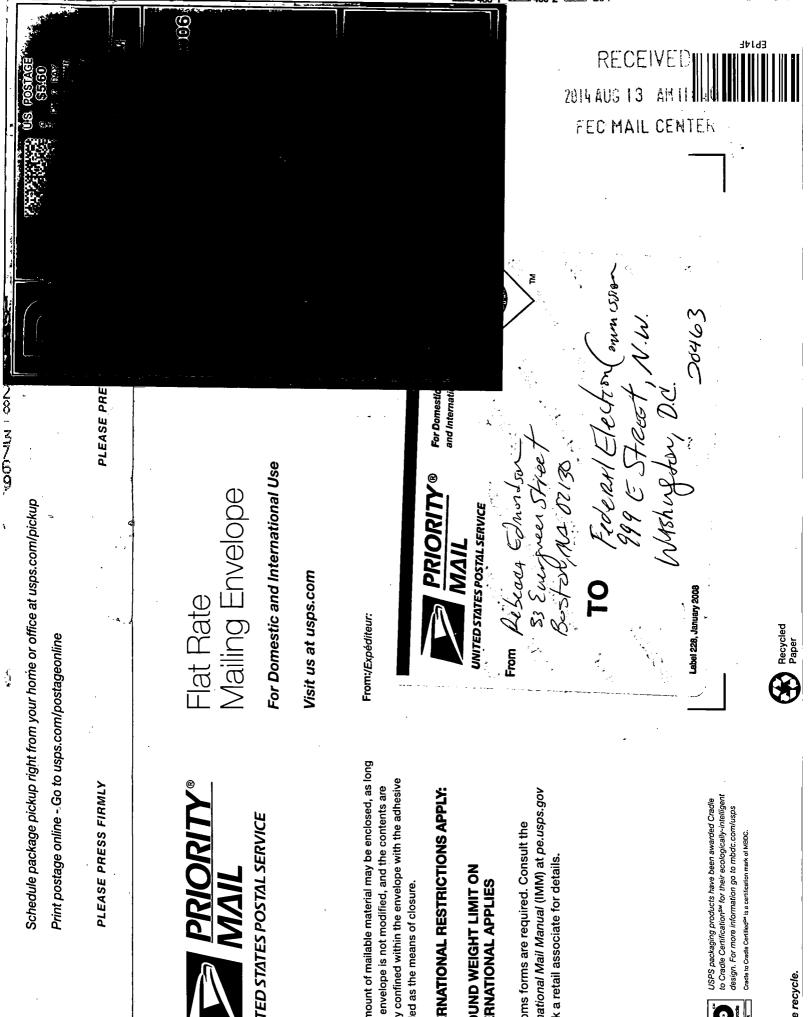
5.	TYPE OF CO	OMMITTEE					
	Candidate	Candidate Committee:					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affiliatio	on Con State Sought: House Senate President District					
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate						
	Party Com	nmittee:					
	(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.					
	Political A	ction 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 Fund	Iraising 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.					
	Com	mittees Participating in Joint Fundraiser					
	1.						
	· 2.						
	2						
	3.						
	4.						

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam	ie .	
GOTV USA Independ	ent Expenditure Political Action Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		
· · ·		
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name	D. Spencer	
Mailing Address	140 Bayswater Street	
	Boston MA C	
Title or Position	, CITY STATE	ZIP CODE
Chairman	Telephone number	561, <u>8296</u> ,
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
Full Name of Treasurer	ca D. Edmondson	
Mailing Address	β3 Evergreen Street	
	Boston MA C	2130
Title or Position	Telephone number	835,8272,
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	m 1 (Revised 02/2009)		Page 4
	· · · · · · · · · · · · · · · · · · ·		
Full Name of Designated Agent	Afjyah Harrigan		<u> </u>
Mailing Address	140 Bayswater Street		
	Boston	MA J STATE	
Title or Position Co-Chairm	an Telephone numb	_{ber} 61,7	7 _] - 661 _] - β296 _
safety deposit b	r Depositories: List all banks or other depositories in which the committe boxes or maintains funds. Depository, etc.	e deposits 1	runas, noias accounts, rents
safety deposit b Name of Bank,	Depository, etc. Eastern Bank	e deposits f	
safety deposit b	Depository, etc. Eastern Bank		
safety deposit b Name of Bank,	Depository, etc. Eastern Bank		
safety deposit b Name of Bank,	Depository, etc. Eastern Bank	e deposits f	-1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -
safety deposit b Name of Bank,	Depository, etc. Eastern Bank PO Box 391 Lung Lynn		
safety deposit b Name of Bank,	Depository, etc. Eastern Bank PO Box 391 L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.	<u></u> МА	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Eastern Bank PO Box 391 L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.L.	<u></u> МА	 01,903, ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc.	<u></u> МА	
safety deposit b Name of Bank, Mailing Address	Depository, etc.	<u></u> МА	 Δ Δ Δ Δ
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc.	<u></u> МА	 Δ Δ Δ Δ
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc.	<u></u> МА	 Δ Δ Δ Δ



Federal Election Commission	
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUM	IENTS

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The FEC added this page to the end of this filing to indicate h	now it was received.
Hand Delivered	Date of Receipt
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Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busines	s 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 R Other (Specify):	eceipt or Postmarked
A	8/13/14
(8/2013)	DATE PREPARED