FEC

STATEMENT OF

PAGE 1/5

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AmericaLeads.org Super PAC 1355 Greenwood Cliff Dr. ADDRESS (number and street) Suite 301 (Check if address is changed) Charlotte 28204 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@americaleads.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00584847 FEC IDENTIFICATION NUMBER > 3. X 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. Shannon Smith Type or Print Name of Treasurer Shannon Smith [Electronically Filed] 80 2015 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FEC Fo | rm 1 (Revised 02/2009) | Page 2 | |
|------------------------------|---|---------------------------|--|
| TYPE OF C | | <u>-</u> | |
| (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 Affiliati | Office Sought: House Senate President | State | |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name of Candidate | | | |
| Party Con | nmittee: (National, State | (Democratic, | |
| (d) | This committee is a 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 co | nnected 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) | egregated fund or party | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | | |
| Joint Fund | raising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t committees/organizations, none of which is an authorized committee of a federal candidate. | | |
| Com | mittees Participating in Joint Fundraiser | | |
| 1. | FEC ID number | | |
| 2. | FEC ID number | | |
| | | | |
| 3. | FEC ID number | | |

| FEC Form 1 (Revise | 1 02/2009) | Page 3 |
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| Write or Type Committee Na | ne | |
| AmericaLeads | .org Super PAC | |
| 6. Name of Any Connected | Organization, Affiliated Committee, Joint Fundraising Representative, or | Leadership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | ted Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| | | |
| Custodian of Records: lo books and records. | entify by name, address (phone number optional) and position of the person | on in possession of committee |
| David Lo | ewis | |
| Full Name | ,1355 Greenwood Cliff Dr. | |
| Mailing Address | Suite 301 | |
| | | 28204 |
| | Charlotte | 20204 |
| Title or Position | CITY STATE | ZIP CODE |
| Secretary | Telephone number | I-I , , I-I , , , , |
| | | |
| 3. Treasurer: List the name a any designated agent (e.g. | and address (phone number optional) of the treasurer of the committee; and , assistant treasurer). | d the name and address of |
| Full Name Shannor | n Smith | |
| of Treasurer | | |
| Mailing Address | 1355 Greenwood Cliff Dr. | |
| | Suite 301 | |
| | Charlotte NC | 28204 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | | |
| | | |

| FEC For | n 1 (Revised 02/2009) | Page 4 |
|-------------------------------------|--|----------------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. Bank of America | olds accounts, rents |
| Mailing Address | 751 Providence Road | |
| | Charlotte NC 28207 | , , |
| | CITY STATE | ZIP CODE |
| Name of Bank, | Depository, etc. | |
| | | |
| Mailing Address | | |
| | | 1 |
| | | |
| | | |

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Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: