RECEIVED 2012 MAY 24 AM II: 30 FEC MAIL CENTER

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: Mantegna over 150 Treasurer

For help completi	ng Form 1, please double-	-click the ic	on next to ea	ch line number.	
FEC FORM 1	STATEMENT ORGANIZATIO		2012 MAY FEC M	CEIVED 24 AMII: 30 AIL CENTER ice Use Only	
1. NAME OF COMMITTEE (in full)		mple:If typing, type r the lines.	12FE4M5		
IT.H.E. FUTURE	15, OVIR 5, 11		<u> </u>		
ADDRESS (number and street)	13.2.5, EAST, H.A.	THAWAY	A, N, E, , , , ,	····	
(Check if address is changed)	HAVERTOVN,	················		9.0% 21_1) 5 1 9	
CITY STATE ZIP CODE					
Committee's E-Mail Addre	COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)				
(Check if address is changed)	$m_{a,b,b,1,3,b,o,g,g,C}$	$a_1i_1M_{-1}C_1O_1M_1$			
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)					
2. DATE 05 20 2					
4. IS THIS STATEMENT		AMENDED (A)			
I certify that I have examined t	this Statement and to the best of my	knowledge and belief it	is true, correct and	complete.	
Type or Print Name of Treasure	» Christopher Jos	seph Mante	gna		
Signature of Treasurer	Jou		Date 05	18/2012	
NOTE: Submission of false, erron	eous, or incomplete information may su ANY CHANGE IN INFORMATION SHO			penalties of 2 U.S.C. §437g.	
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)	

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5.			OMMITTEE 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 Candid		
	Candio Party	date Affiliatio	on fice State Senate President District
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
	Party	y Corr	nmittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Politi	ical A	ction Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation
			Membership Organization
			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 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 faderal 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.	
		3.	
		4.	FEC ID number

1		
	levised 02/2009)	Page 3
Write or Type Committe THF F	FUTURE 15 OURS	
<u> </u>		
6. Name of Any Conn	ected Organization, Affiliated Committee, Joint Fundraising Representative, or Le	auersnip PAC Sponsor
Mailing Address		
		, , , ,]-] , , ,]
Relationship:	onnected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
7. Custodian of Recor books and records.	ds: Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name	HRISTOPHER JOSEPH MANTEGNA	
Mailing Address	13,2,5 EAST HATHAWAY LANE	
	HANERTOWN IPAIL	9053-
Title or Position	CITY STATE	ZIP CODE
CIUISITIO DI	AIN OF BECORDS Telephone number 215	1-17.1.51-160.21
	ame and address (phone number optional) of the treasurer of the committee; and t (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	HRISTOPHER JOSEPH MANTEGNA	
Mailing Address	131215 EAST, HATHAWAY LANE	
Tide of Desiries	IANERTOWN IPAI IL CITY STATE	19.0.8.31-11.5.1.9 ZIP CODE
Title or Position	ER Telephone number 215	1-17-151-16-0:21

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	Full Name of Designated Agent	C.H.R	1.S.T.O.P.HER J.O.SE	P.H. MANTEGN	1 , 4 , , , , , , , , , , , , , , , , , , ,]
	Mailing Address		13,2,5, EAST, HAT	HAWAY LANT			
							I
			HIANER TOWN	STATE	······································	53-11519 P CODE	I
	Title or Position $[D_1 E_1 S_1 G_1]$	NATIE	DI AGENTI I			15]-[6]0[2]]]	! -
9.	Banks or Other safety deposit be Name of Bank,	oxes or ma		s in which the committee dep	osits funds, holds a	accounts, rents	
		REP	UBLIC BANK				
	Mailing Address		1.601 MARKET	STREET		<u>]]]]] [</u>	J
							ļ
			PHILADELPHIA	IIIIIIIIIII	1,9,1,0	0.3	J
			CITY	STATE	E Z	P CODE	_
	Name of Bank,	Depository,	, etc.		•		-
						1	
	Mailing Address	5					l
						<u></u>]
							L
			CITY	STATE	E Z	IP CODE	-
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOM The FEC added this page to the end of this filing to indic	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation [™] or Signature Co	onfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Bus	iness 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 Other (Specify):	of Receipt or Postmarked
Imw	5/24/12
T	DATE PREPARED