RECEIVED

## 2012 OCT 25 AM II: 45 FEC MAIL CENTER

## Committee Name:

DEMOCRATIC LIBERAL SUPER PAC OF MISSOURI If registered, FEC ID:

10/17/2012

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,

ALEXANDER CLINTON

Alexander Chris

, Treasurer

## STATEMENT OF

RECEIVED

FEC FORM 1	ORGANIZATION			125 AMII: 45 1AIL CENTER		
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	
DEMOCRA	ATIC L	IBERAL SU	PER P	AC OF MIS	SOURI	
				<del>                                      </del>		
ADDRESS (number and street)  P. O. BOX 16194						
(Check if address is changed)		PLANTATIO	<b>DN</b>		FL	33318
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)    DemocraticLiberalSuperPacs@gmail.com						
COMMITTEE'S WEE	B PAGE ADI	DRESS (URL)				
(Check if is change			1111			
2. DATE 10° '17° '2012 '						
3. FEC IDENTIFICATION NUMBER C						
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)						
I certify that I have		ALEXAND		<u>-</u>	is true, correct	and complete.
Signature of Treasur	er/	Alexander	, Cle	ton	Date 10	" ' 17° ' 2012 `
NOTE: Submission of		ous, or incontinuete informa ANY CHANGE IN INFOR	•			the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC Fo	rm 1 (Revised 02/2009)	Page 2				
<del></del>	OMMITTEE	<u> </u>				
Candidate	e Cotnmittee:					
(a)	This committee is a principal campaign committee. (Complete the candidate information below	ı.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate						
Candidate Party Affiliat	Office Sought: House Senate President	State				
_		District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Committee:						
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political Action Committee (PAC):						
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organizatioπ 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 commenttee is a Lobbyist/Reigistoant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Representative:						
(g)						
(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						
CON						
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
	I I I I I I I I I I I I I I I I I I I					

1	•	
FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na	me	
DEMOCRATIC	LIBERAL SUPER PAC OF MISSOUR	રા
6. Name of Any Connected	d Organization, Affiliared Committee, Joint Fundraising Representative	, or Lizadership PAC Sponsor
NONE		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Represent	ative Leadership PAC Sponsor
7. Custodian of Records: k books and records.	dentify by name, address (phone number optional) and position of the	person in possession af committee
Full Name	XANDER CLINTON	
Mailing Address	P. O. BOX 16194	
		<u>, , , , , , , , , , , , , , , , , , , </u>
	PLANTATION FL	33318 , , _
Title or Position	CITY STATE	ZIP CODE
CHIEF FINANC	CIAL OFFICER Telephone number 99	54
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee, assistant treasurer).	; and the name and address of
Full Name of Treasurer	XANDER CLINTON	
Mailing Address	P. O. BOX 16194	·
	PLANTATION FL	33318
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	54   279   7552

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			1
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position		Telephone number	J-L
ВА	NK OF AMERICA		
Mailing Address	8181 WEST BROWARD E	BLVD	
	PLANTATION,	<b>FL</b> [	33324
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		- Control
L		<u> </u>	
Mailing Address			
		ا ليا ليبي	
	СІТУ	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	
USPS Registered/Certified	Postmarked (R/C)
USP3 Registered/Certified	
	Postmarked
USPS Priority Mail	10/22/12
Delivery Confirmation™ or Signature	gnature Confirmation <sup>TM</sup> Label
Delivery Collinnation of Sign	gnature Commination Laber [
	Postmarked
USPS Express Mail	
Postmark Illegible	
Southank magnitude	
No Postmark	
	Shipping Date
Overnight Delivery Service (Specify):	
	Next Business Day Delivery
<del></del>	Date of Receipt
Received from House Records & Registration	·
Received from Senate Public Records Offic	Date of Receipt
Received from Senate Fublic Necolds Offic	6
	Date of Receipt
Received from Electronic Filing Office	
	Data of Pagaint or Pagemarked
Other (Specify):	Date of Receipt or Postmarked
L	
l AACA	18/25/12
PREPARER	DATE PREPARED
(3/2005)	