RECEIVED 2012 JUN-4 AM 8: 47 FEC MAIL CENTER

s Super PAC

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:

Respectfully submitted,

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.

Treasurer's Name:

Daniel Bassali
, Treasurer

12030820812

FEC

STATEMENT OF **ORGANIZATION**

RECEIVED
2012 JUN -4 AM 8: 47

FORM 1					FEC	M Soffice Vise Confly:
1. NAME OF COMMITTEE (in	full)	(Check if name is changed)		mple:If typing, type r the lines.	12FE4M	
Slam Du	م لاحی ،	Firewor	KS	and Eagl	وج رح	uper PAC
			بلبا			
ADDRESS (number an	d street)	2400 M St	N	#10.15		
(Check if add	dress					
is changed)	l	Washing to	<u>^</u>		DG	200371-
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAI	L ADDRESS	(Please provide only on	e e-mail ac	1 1		
(Check if a	address	ac super p	ac e	gmail, co		
is changed						
COMMITTEE'S WEB	PAGE ADDR	ESS (URL)				•
(Check if a	ddress	OCSMPRF.	COM			
is changed		MMM, de	ju Pie	rpac, con	<u> </u>	
2. DATE	5 ' 30	2012				
3. FEC IDENTIFIC	ation num	IBER C				
4. IS THIS STATEM	ENT V	NEW (N) OR		AMENDED (A)		·
I certify that I have ex	kamined this	Statement and to the b	est of my	knowledge and belief it	is true, corre	ect and complete.
Type or Print Name o	f Treasurer	Daniel ?	Base	sali		
Signature of Treasure	·		7		Date 💍	5'30'2012
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 Use				For further Information co Federal Election Commission Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF COMMITTEE						
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. (Compinformation below.)	olete the candidate					
Name of Candidate						
Candidate Party Affiliation Office Sought: House Senate President	State					
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate						
Party Committee:						
(National, State	(Democratic, Republican, etc.) Party.					
Political Action Committee (PAC):						
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its control of the control of t	nected organization is a:					
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 se committee. (i.e., nonconnected committee)	gregated 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 Fundraising Representative:						
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least obe of which is an authorized committee of a faderal candidate.	o or more political					
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political					
Committees Participating in Joint Fundraiser						
1 FEC ID number C						
2.	~~v~~v~~v~~v~~					
3. FEC ID number						
4 FEC ID number C						

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Write or Type Committee	lunks, Fireworks and Eagles Super PAC	•
6. Name of Any Conne	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Mailing Address		
		لــــا-ك
	CITY STATE ZIF	P CODE:
Relationship: Cor	nnected Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponsor
 Custodian of Record books and records. 	ls: Identify by name, address (phone number optional) and position of the person in posses	ssion of committee
Full Name	Paniel Bassali	
,	12400 M St NW #1015	
Mailing Address	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Washington DC 12003	71-[
Title or Position	CITY STATE ZIF	CODE
Treasur	Telephone number [703] - 196	31-9 <i>00</i> 71
	ame and address (phone number optional) of the treasurer of the committee; and the name (e.g., assistant treasurer).	and address of
Full Name of Treasurer	niel Adel Bassali	لببيا
Mailing Address	12400 MIST NW #1015	لتتبيي
	Mashington DC 12003	
Title or Position	CITY STATE ZIF	CODE
Treasur	CIV Telephone number	لــــا-ك

				·
ĺ	Full Name of Designated Agent	Jinslow Marshall		
1	Mailing Address	2400 M St NW #1015	<u>.</u>	
		Waishiington city	D.C.I STATE	20:0:3:7]-[ZIP CODE
l	Title or Position Secifet	Telephone nur	mber E	08-12071-0538
		Depositories: List all banks or other depositories in which the committees or maintains funds.	tee deposit	ts funds, holds accounts, rents
		•		
	(Citibank		
	Mailing Address	12221, II St, NW, #400		
	•	Masining ton	DC	2010871-1
	,	CITY	STATE	ZIP CODE
	Name of Bank, De	pository, etc.		
	L		ll. l. L	
	Mailing Address			
			ليا	<u> </u>
	x	CITY	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** Delivery Confirmation[™] or Signature Confirmation[™] Label 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