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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. American Encore Action PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cmarston@nrreports.net (Check if address is changed) Optional Second E-Mail Address dsmith@nrreports.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2015 C00575100 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. Chris Marston Type or Print Name of Treasurer Chris Marston [Electronically Filed] 04 03 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

	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
		OMMITTEE	i aye £			
Can	ndidate	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. (Con information below.)	nplete the candidate			
Nam Cand	e of didate					
	didate / Affiliati	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Nam Cand	e of didate					
Par	ty Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	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.)				
Join	t Fund	Iraising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
	Com	Committees Participating in Joint Fundraiser				
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Name		. ago c
American Encor	e Action	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE	3 ,	, , , , , , , , , , , , , , , , , , , ,
Mailing Address		
1		
		-
'	CITY STATE Z	ZIP CODE
Deletienskin.	Opposition in the Company of the Com	dorobin DAC Constant
Relationship: Connected (Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponso
Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
Donna Smitl	h	
Full Name	DO Dev. 20144	
Mailing Address	PO Box 26141	
1	Alexandria VA 22313	
Title or Position	CITY STATE Z	IP CODE
Assistant Treasurer	Telephone number	
	olopione names.	
8. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	ne and address of
Full Name Chris Marsto	on	
of Treasurer		
Mailing Address	PO Box 26141	
Į		
[Alexandria VA 22313	
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number	1 1

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1 EC 1 011	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Name of Bank, Mailing Address	Depository, etc. Chain Bridge Bank	
Name of Bank, Mailing Address	Chain Bridge Bank	
	Chain Bridge Bank	
	Chain Bridge Bank 1445-A Laughlin Ave	ZIP CODE
	Chain Bridge Bank 1445-A Laughlin Ave Alexandria CITY STATE	
Mailing Address	Chain Bridge Bank 1445-A Laughlin Ave Alexandria CITY STATE	ZIP CODE
Mailing Address	Chain Bridge Bank 1445-A Laughlin Ave Alexandria CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Chain Bridge Bank 1445-A Laughlin Ave Alexandria CITY STATE Depository, etc.	ZIP CODE
Mailing Address Name of Bank,	Chain Bridge Bank 1445-A Laughlin Ave Alexandria CITY STATE Depository, etc.	ZIP CODE

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: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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: