RECEIVED FEC MAIL CENTER 2017FEB 10 PM 2:06

Committee Name:

Make America Green Again

If registered, FEC ID:

Today's Date:

February 8, 2017

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: Mueed Chaudhry Treasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2017 FEB 10 PM 2: 06 Office Use Only
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FĚ4M5
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ADDRESS (number an	nd street) 3HD10LD10LTCH1RD111	
(Check if a is changed		
	BIEIDMIINISITIER	N ₁) 0 ₁ 7 ₁ 9 ₁ 2 ₁ 1- STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MA	IL ADDRESS	
(Check if a is changed		
	Optional Second E-Mail Address	1
COMMITTEE'S WEB		
2. DATE	2 08 2017	
3. FEC IDENTIFIC		
4. IS THIS STATEM	AENT NEW (N) OR 🚺 AMENDED (A)	
I certify that I have e	examined this Statement and to the best of my knowledge and belief it	is true, correct and complete.
Type or Print Name of	of Treasurer Mueed Chaudhry	
Signature of Treasure	I that Chy	Date 02 08 2017
NOTE: Submission of I	false, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
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)

5.

TYPE OF C	COMMITTEE
Candidate	e 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 of Candidate	
Candidate Party Affiliatio	ion Office State State State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Com	
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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.
(1)	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.)
loint Fund	draising Representative

Page 2

resentative:

(g)

(h)

- This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political Π committees/organizations, at least one of which is an authorized committee of a federal candidate.
- This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political U committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

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2.	Į	-										ļ	1_					FEC	C II	D numbe	r C
3.	Į																	FEC	C II	D numbe	
4.	Į			1						L				1				FEC) (D numbe	ſ <mark>ĊĹ</mark>

	d 02/2009) Page 3
Write or Type Committee Nar	me
6. Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponso
NONE	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: 🚺 Connec	ted Organization CAffiliated Committee Joint Fundraising Representative Leadership PAC Spo
1	
Custodian of Records: Id books and records.	lentify by name, address (phone number optional) and position of the person in possession of comm
	ED CHAUDHRY
Mailing Address	314101 101LIDI IDIVITICIHI IRIDI I I I I I I I I I I I I I I I I
Mailing Address Title or Position	$\begin{bmatrix} 3_{1}4_{10} & 0_{1}L_{1}D_{1} & D_{1}N_{1}T_{1}C_{1}H_{1} & R_{1}D_{1} & \dots & \dots & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1} & \dots & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1} & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1} & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1} & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1} & \dots & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1}A_{1} & \dots \\ \hline \\ B_{1}E_{1}D_{1}M_{1}L_{1}N_{1}S_{1}T_{1}E_{1}R_{1} & \dots \\ \hline \end{bmatrix} \begin{bmatrix} N_{1}\lambda_{1} & 0_{1}+1A_{1}A_{1}A_{1}A_{1}A_{1}A_{1}A_{1}A_{1$
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Mailing Address Title or Position	3.4.00.L.DD.V.T.C.HR.D. B.E.D.M.I.N.S.T.E.R. B.E.D.M.I.N.S.T.E.R. CITY STATE ZIP CODE Address (phone number optional) of the treasurer of the committee; and the name and address
Mailing Address Title or Position TIRIEIAISIUIRIEIE Treasurer: List the name a any designated agent (e.g. Full Name	3.4.00.L.DD.V.T.C.HR.D. B.E.D.M.I.N.S.T.E.R. B.E.D.M.I.N.S.T.E.R. CITY STATE ZIP CODE Address (phone number optional) of the treasurer of the committee; and the name and address
Mailing Address Title or Position TREASINRER Treasurer: List the name a any designated agent (e.g. Full Name	$\begin{bmatrix} 3 \downarrow \downarrow 0 & 0 \downarrow \downarrow 0 \downarrow D \downarrow V \downarrow C \downarrow H & R D \\ \downarrow \downarrow$
Mailing Address Title or Position TIRIEIAISIUIRIEIE Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer	$\begin{bmatrix} 3 4 0 & 0 L D & D V T C H & R D \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $
Mailing Address Title or Position $\Box_{IRIE[A]S[U]R]E[F]$ Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer M_{IUIE} Mailing Address	$\begin{bmatrix} 3 4 0 & 0 L D & D V T C H & R D \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ $
Mailing Address Title or Position Treasurer: List the name a any designated agent (e.g. Full Name of Treasurer Mailing Address Title or Position	$\begin{bmatrix} 3_{1}4_{1}O_{1} & O_{1}L_{1}D_{1} & D_{1}V_{1}T_{1}C_{1}H_{1} & R_{1}D_{1} & P_{1}V_{1}V_{1}V_{1}V_{1}V_{1}V_{1}V_{1}V$

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Full Name of Designated Agent	L	<u> </u>								_1	_1_		1	L		.1	_1	.]	1.	1.	1.	.1	1	1		1		1	.1.	1	1	J	l	11		

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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

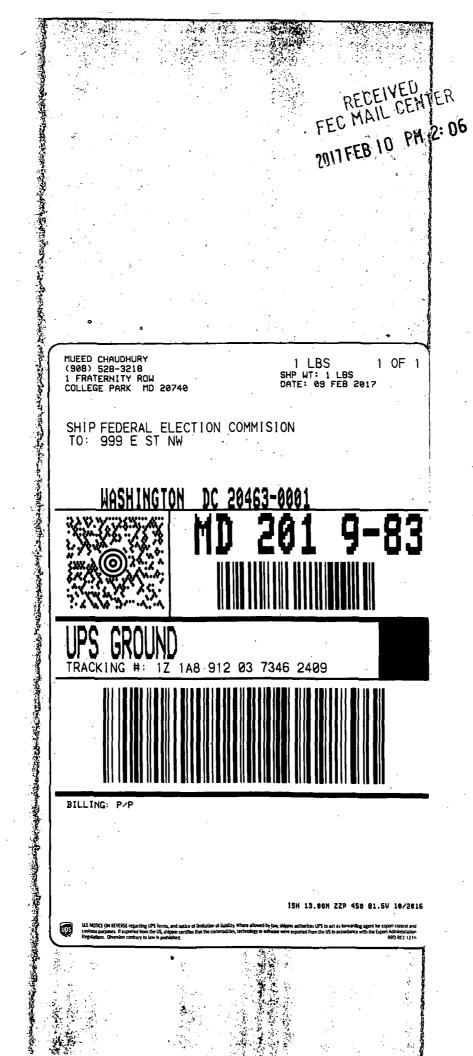
	BANK OF AMERICIA								
Mailing Address	7137101 BIAILITIIMORREE ANNEL								
	1								
	CIDILILEGE PARK	MID	20740-						
	CITY	STATE	ZIP CODE						
Name of Bank,	Name of Bank, Depository, etc.								
	BIANK DIF AMERIICA								
Mailing Address	2110101 BURNIT MILLISI RIC								
	PLUKEMIIN	NJ	0,79,7,8-1						

STATE

ZIP CODE

CITY

Name of Bank, Depository, etc.



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 Date of Receipt Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark Overnight Delivery Service (Specify): UPS Ground 2/9/17 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): 2/10/17 PREPARER DATE PREPARED (3/2015)