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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. Galt.io PAC 203 South Union Street Suite 300 ADDRESS (number and street) (Check if address is changed) Alexandria 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Michael@DBCapitolStrategies.com (Check if address is changed) Optional Second E-Mail Address Joe@DBCapitolStrategies.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.Galt.io (Check if address is changed) DATE 2015 C00575977 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. Michael Gruccio Esq. Type or Print Name of Treasurer Michael Gruccio Esq. [Electronically Filed] 04 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

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal committee (Complete the condidate information)	ation holow)
(a) This committee is a principal campaign committee. (Complete the candidate information)	ation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign comminformation below.)	mittee. (Complete the candidate
Name of Candidate Line In the second control of the second contro	
Candidate Office Party Affiliation Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized co	ommittee.
Name of Candidate	
Party Committee:	(Dama ama')
(d) This committee is a (National, State 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 lin	ne 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.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a committee. (i.e., nonconnected committee)	separate segregated 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 procommittees/organizations, at least one of which is an authorized committee of a federa	
(h) This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal candid	
Committees Participating in Joint Fundraiser	
1.	С
2 FEC ID number	С
3. FEC ID number	C
4. FEC ID number	C

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Write or Type Committee	Name	
Galt.io PAC		
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
-		
	CITY STATE	ZIP CODE
	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number optional) and position of the person ir	possession of committee
Mich	ael Gruccio Esq.	
Mailing Address	203 South Union Street Suite 300	
Walling Address		
	Alexandria VA 223	14
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 202	- 210 - 5431
	ne and address (phone number optional) of the treasurer of the committee; and the e.g., assistant treasurer).	e name and address of
Full Name Micha of Treasurer	ael Gruccio Esq.	
Mailing Address	203 South Union Street Suite 300	
	Alexandria VA 223	14 -
Title or Position Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent	Joe Lily	
Mailing Address	203 South Union Street Suite 300	
	Alexandria VA CITY STATE	22314 ZIP CODE
Title or Position Asst. Treasurer	Telephone number 202	5431
Banks or Other safety deposit bo Name of Bank, D	r Depositories: List all banks or other depositories in which the committee deposits fundoxes or maintains funds. Depository, etc. Access National Bank	ds, holds accounts, rents
	₁ 4221 Walney Rd	
Mailing Address		
	Ste 120	
		20151
		20151 ZIP CODE
– Name of Bank, D	Chantilly CITY STATE	
Name of Bank, D	Chantilly CITY STATE	
Name of Bank, E	Chantilly CITY STATE Depository, etc.	
	Chantilly CITY STATE Depository, etc.	
	Chantilly CITY STATE Depository, etc.	

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: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1N Transaction ID:

Consistent with the stipulated judgment in Carey v. FEC, this committee intends to establish a separate bank account to deposit and withdraw funds raisedin unlimited amounts from individuals, corporations, labor organizations, and/or other political committees. The funds maintained in this separate account will not be used to make contributions, whether direct, in-kind, or via coordinated communications, or coordinated expenditures, to federal candidates or committees.

Form/Schedule: Transaction ID: