

**American Heartland PAC**  
801 Penn. Ave. NW, Suite 610  
Washington, DC 20004

August 29, 2013

Federal Election Commission  
999 E St. NW  
Washington, DC 20463

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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 intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated expenditures, to federal candidates or committees.

Respectfully submitted,



Michael G. Adams  
Treasurer

13031112877

AM 324

FEDERAL ELECTION COMMISSION  
PUBLIC DISCLOSURE DIVISION

2013 SEP -4 PM 12: 38

FEC FORM 1

# STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

AMERICAN HEARTLAND PAC

ADDRESS (number and street) 801 PENN. AVE. NW  
SUITE 610  
 (Check if address is changed) WASHINGTON DC 20004  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)  
 (Check if address is changed) michael.adams@dinsmore.com

COMMITTEE'S WEB PAGE ADDRESS (URL)  
 (Check if address is changed)

2. DATE 08 / 29 / 2013

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer Michael G. Adams

Signature of Treasurer *Michael G. Adams* Date 08 / 29 / 2013

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 Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

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5. 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. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ 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)  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 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.
- (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 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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (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

1.	_____	FEC ID number	C
2.	_____	FEC ID number	C
3.	_____	FEC ID number	C
4.	_____	FEC ID number	C

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Write or Type Committee Name

# AMERICAN HEARTLAND PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

none

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Michael G. Adams

Mailing Address

801 Penn. Ave. NW

Suite 610

Washington

DC

20004

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202 - 372 - 9115

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer

Michael G. Adams

Mailing Address

801 Penn. Ave. NW

Suite 610

Washington

DC

20004

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 202 - 372 - 9115

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Full Name of Designated Agent

Michael G. Adams

Mailing Address

801 Penn. Ave. NW

Suite 610

Washington

DC

20004

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number

202

372

9115

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.

Name of Bank, Depository, etc.

Chain Bridge Bank, N.A.

Mailing Address

1445-A Laughlin Ave.

McLean

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031112881

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RE & SHOHL LLP  
14th Fifth Street - Suite 2500  
Lexington, KY 40202-3175

more

FEC MAIL CENTER  
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999 E St. NW  
Washington DC 20463

08/29/2013  
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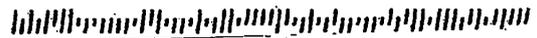
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ZIP 40202  
041L1220077

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Federal Election Commission  
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Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
8/29/13

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Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked

*AmP*  
 PREPARER

9/4/13  
 DATE PREPARED

13031112883