RECE	WT.	
2012 APR 25	AM	9: 54
FEC MAIL	CEP	TER'

Committee Name:

Public Campaign Financing Super PAC

If registered, FEC ID:

Today's Date:

April 19, 2012

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: Stuart L. Stein Treasurer

For help completing Form 1, please double-click the	e icon ne

icon next to each line number.

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	1					1	RECEIVED				
FEC		STATEMENT OF ORGANIZATION					2012 /	NPR 25	A۲	1 9: 54	
FORM 1					_		FEC	MAIL Use Only	. CE	NTER	
1. NAME OF COMMITTEE (ir	n f uli)		Check if name changed)		nple:If typing, type the lines.	12	FE4M	1 5			
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	1 1 1 1			<u></u>			L				
ADDRESS (number a	and street)	Post	Office	Box 29	9598	1 1 1			LI1		
(Check if a is changed)		L _I Sant	a,F,e	<u> </u>		<u> </u>	M _l	87	592 i	_ 9] 598
				CITY		STAT	E	<u></u>	ZIP C	DDE	
COMMITTEE'S E-MA	AIL ADDRE	SS (Please	provide only o		dress)						
(Check if is change		∣stuart	stein@lo	bo.net ,							
COMMITTEE'S WEE	B PAGE AD	Dress (Uf	RL)								
(Check if is change		ln∕a L⊥⊥								I	
2. DATE 04 19 2012											
3. FEC IDENTIFIC	CATION N	UMBER	C	<u>L</u>	<u>,</u>						
4. IS THIS STATE		NEW	(N) O F	۹ [AMENDED (A	A)					
I certify that I have	examined ti	his Stateme	nt and to the	best of my l	knowledge and bel	ief it is true	e, corre	ect and o	complete.		
Type or Print Name	of Treasure	Stua	art L. St	tein							
Signature of Treasur	er	Slew	nt.	Sou	<u></u>	Date	04	4	19 °	20	12
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 informati Federal Election Com			F	EC FC	RM	1

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FEC Form 1 (Revised 02/2009)

5.	TYPE OF COMMITTEE							
	Candidate Committee:							
	(a)	і і, і:	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 Candi							
	Candi Party	idate Affiliatio	on Office Senate Senate State District					
	(c)	۲.۳.»	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Part	y Com	mittee:					
	(d)	·	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
	Polit	tical A	ction 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					
			Membership Organizatien					
			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	t Fund	raising Representative:					
	(g)	Π	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political					
	(h)		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					
			committees/organizations, none of which is an authorized committee of a federal candidate.					
		Com	mittees Participating in Joint Fundraiser					
		1.						
		2.						
		3.						
		4.						

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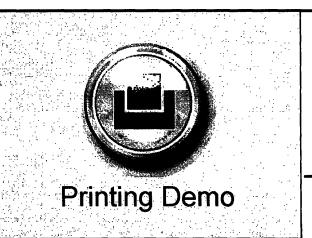
Write or Type Committee Name

Public Campaign Financing Super PAC

6. Name of Any Connected C	Irganization, Affiliated Committee, JeInt Fundraising Representative, or Leadership PAC Sponsor
<u>n/a</u>	
Mailing Address	
	CITY STATE ZIP CODE
Relationship:	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name	t L. Stein
Mailing Address	Post Office Box 29598
	Santa Fe
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 505 - 450 - 5002 -
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	t_L, Stein
Mailing Address	Post Office Box 29598
Title on Decision	Santa Fe NM 87592 9598 city state zip code
Title or Position	Telephone number 505, - 450, - 502, _

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Full Name of Designated Agent	n/a	1 1 1 1	
Mailing Address			
Title or Position	Telephone numb	er L	
	epositories: List all banks or other depositories in which the committee is or maintains funds. pository, etc.	e deposits t	funds, holds accounts, rents
safety deposit boxe Name of Bank, Dep	es or maintains funds. pository, etc.	e deposits t	funds, holds accounts, rents.
safety deposit boxe Name of Bank, Dep	es or maintains funds.	e deposits i	funds, holds accounts, rents
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safety deposit boxe: Name of Bank, Dep	es or maintains funds. pository, etc. _os_Alamos_National Bank	e deposits i	funds, holds accounts, rents
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To print and file this form, select "Print" from the "File" menu above. In the "Print" window, select "Document" from the drop down menu labeled "Comments and Forms" Doing so will ensure that the icons and other instructions will not appear on your filing. Click the Printing Demo icon for more help.



Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
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USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signa	ture Confirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ne	Shipping Date 4/2+//2 ext Business Day Delivery
Received from House Records & Registration (Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
h	4/25/r
PREPARER (3/2005)	DATE PREPARED
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