RECEIVED FEC MAIL CENTER 2015 NOV -9 AM 9: 34

Committee Name:

Grassroots Super Pac

If registered, FEC ID:

Today's Date:

10/31/2015

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: Stephen Hanson, Treasurer

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FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAIL CENTER 2015 NOV -9 AM 9: 34 Office Use Only	
1. NAME OF COMMITTEE (in	full) (Check if name Example: If typing, type over the lines.	12FE4M5	
Grassroots	Super Pac		
		<u>,,,,,,,,,,,,,,,,,</u>	
ADDRESS (number an	d street)		
(Check if a is changed		<u> </u>	
	, Las Cruces, , , , , , , , , , , , , , , , , , ,	Image: NM STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MA	IL ADDRESS		
(Check if a is changed			
· ·	Optional Second E-Mail Address		
· ,			
COMMITTEE'S WEB			
2. DATE	^۳] ′ [³ 1 [°]] ′ [² 2 ⁰ 1 ⁵ [°] [°] [°]		
3. FEC IDENTIFIC			
4. IS THIS STATEM			
I certify that I have e	xamined this Statement and to the best of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of	of TreasurerStephen F. Hanson		
Signature of Treasure	A The	Date 10° 10° 10° 10° 10° 10° 10°	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.			
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact: FEC FORM 1	

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_		FEC Fo	m 1 (Revised 02/2009) Page 2	
5.	TYPE OF COMMITTEE			
Candidate Committee:			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			
		didate / Affiliation	on Office Sought: House Senate President District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cano	e of lidate		
	Par	ty Con	imittee:	
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.	
	Poli	tical A	ction Committee (PAC):	
	(e)	\Box	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)	X	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.		
		2.		
		3.		
		4.		

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Write or Type Committee N	lame		
6. Name of Any Connect	ed Organization, Affiliated Committee, Joint Fu	ndraising Representative, or Le	adership PAC Sponsor
 1 1 1 1 1			
Mailing Address			
Relationship: 🗍 Conne	ected Organization Affiliated Committee	int Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, address (phone number optic	onal) and position of the person	in possession of committee
Full Name	phen Hanson , , , , , , , , , , , , , , , , , , ,		<u> </u>
Mailing Address	2209 San Felipe	<u> </u>	<u> </u>
			<u> </u>]
	Las Cruces		8011 -
Title or Position	CITY	STATE	ZIP CODE
President /	CEQ / Grand Poobah	Telephone number 575]-[635]]-[50P4]]
 Treasurer: List the name any designated agent (e 	e and address (phone number optional) of the t .g., assistant treasurer).	reasurer of the committee; and	the name and address of
Full Name	ephen Hanson	<u> </u>	
Mailing Address	2209 Şan Felipe		<u> </u>
	· · · · · · · · · · · · · · · · · · ·		
	Las Cruces City	LIII NM 8 STATE	אָ8ֶסְוָדָ – בווי בווי ZIP CODE
Title or Position		Telephone number 5,75	- <u>635</u> <u>5004</u>

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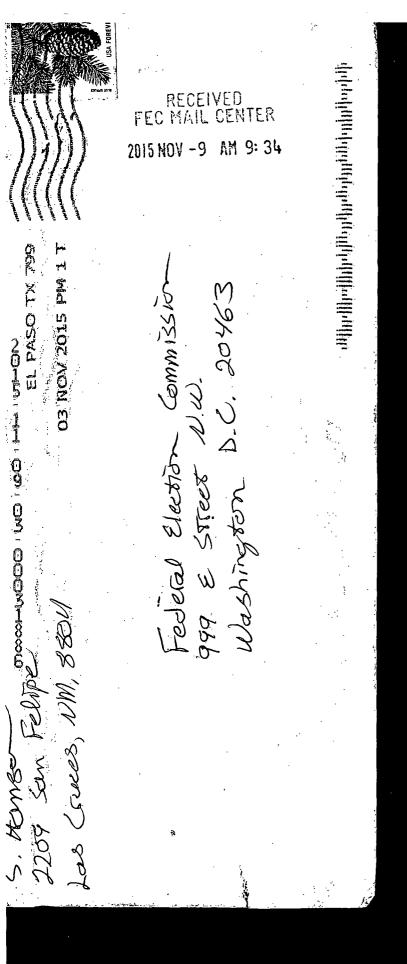
FEC Form 1 (F	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	· · · · · · · · · · · · · · · · · · ·	
	Telephone number	_] = [] = [
· · · · · · · · · · · · · · · · · · ·	psitories: List all banks or other depositories in which the committee deposits fun	ds, holds accounts, rents
Banks or Other Deporsit boxes of Name of Bank, Deposit	psitories: List all banks or other depositories in which the committee deposits fun	ds, holds accounts, rents
Banks or Other Deporsit boxes of Name of Bank, Deposit	psitories: List all banks or other depositories in which the committee deposits fun or maintains funds. itory, etc.	_] = [] = [ds, holds accounts, rents
Banks or Other Depo safety deposit boxes o Name of Bank, Depos	p sitories: List all banks or other depositories in which the committee deposits fun or maintains funds. itory, etc. ittizens Bank, of, Las Cruces, ו ו ו ו ו ו ו	_] = [] = [ds, holds accounts, rents

CITY

Name of Bank, Depository, etc.

STATE

ZIP CODE



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Next Busines	ss Day Delivery			
Date of Receipt Received from House Records & Registration Office				
Received from Senate Public Records Office	Date of Receipt			
Received from Electronic Filing Office	Date of Receipt			
Date of R Other (Specify):	Receipt or Postmarked			
PREPARER A A	11 (9/15 DATE PREPARED			