FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1	(See instru		Office use only
1. NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5
American Suc	cess Political Action Committ	ee	
<u> </u>			
ADDRESS (number and s	1155 21st Street N		
(Check if address is changed)	\$uite,300		DC 20036 _
COMMITTEE'S E-MAI	I ADDRESS	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
COMMITTEE'S FAX N	UMBER		
2. DATE 0 4	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA	TION NUMBER	C C00336644	
4. IS THIS STATEM	ENT NEW (N) OF	X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of my	knowledge and belief it is true, correct a	nd complete
Type or Print Name of	Treasurer Meredith Kello	еу	
Signature of Treasurer	Electronically Filed by <b>Meredi</b>	th Kelley	Date 04 / 01 / YYYYY
NOTE: Submission of fal	·	may subject the person signing this State	tement to the penalties of 2 U.S.C. S437g. WITHIN 10 DAYS
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530	

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5.	TYPE OF COMMITTEE (Check One)				
	(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 cainformation below.)	ndidate			
	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				
		mocratic, publican,etc.) Party.			
	(e) This committee is a separate segregated fund				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee.	d or party			
6.	Name of Any Connected Organization or Affiliated Committee				
1	NONE	1			
L_	<del>                                      </del>				
L					
	Mailing Address				
	CITY≜ STATE ▲ Z	IP CODE A			
	Relationship				
Type of Connected Organization:					
	Corporation Corporation w/o Capital Stock Labor Organization	n			
	Membership Organization Trade Association Cooperative				

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W	rite or Type Committee Nam			
		Political Action Committee		
7.	Custodian of Records: possession of Committee	Identify by name, address, (phone numb tee books and records.	er optional), and position of	the person in
	Full Name Willi	am Canfield		
	Mailing Address	1155 21st Street, NW		
		Suite 300		
		Washington	DC	20036
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
			Telephone number	
Full Name of Treasurer  Meredith Kelley				
	Mailing Address	1155 21st Street, NW		
		Suite 300		
		Washington		20036
	Title or Position ♥	CITY A	STATE <b>▲</b>	ZIP CODE A
	Treasur	rer	Telephone number 202	
	Full Name of Designated Agent			
	Mailing Address			
	Title or Position ♥	CITY A	STATE A	ZIP CODE A

Telephone number

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<ol> <li>Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accousafety deposit boxes or maintains funds.</li> </ol>								
	Name of Bank, De	epository, etc.						
		Wachovia		1 1				
	Mailing Address	PO Box 13327						
		Roanoke VA 24040 _						

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$ 

CITY 🗷