

No Mercy PAC  
C/O Vance Jochim  
12619 Milwaukee Ave.  
Tavares, FL 32778

RECEIVED  
2011 AUG 22 PM 12:08  
FEC MAIL CENTER

FAX TO:  
FEC  
1-202-219-0174

August 17, 2011

Federal Election Commission  
999 E Street, N.W.  
Washington, D.C. 20463

Re: Form 1, Statement of Organization—Unlimited Contributions  
Regarding

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,



Vance L. Jochim  
Treasurer

11030653912

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
2011 AUG 22 PM 12:08  
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1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

No Mercy PAC

ADDRESS (number and street)

P.O. Box 1042

☐

(Check if address  
is changed)

Tavares

FL

32778

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

NoMercyPAC@Comcast.net

☐

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

http://www.NoMercyPAC.org

☐

(Check if address  
is changed)

2. DATE 08 19 2011

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

Vance L. Jochim

Signature of Treasurer

*Vance L Jochim*

Date

08 19 2011

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

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

FEC FORM 1  
(Revised 02/2009)

# NO MERCY PAC

FEC Form 1 (Revised 02/2009)

Page 2

## 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:
- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Corporation             | <input type="checkbox"/> Corporation w/o Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association             | <input type="checkbox"/> 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

11030653914

Write or Type Committee Name

**NO MERCY PAC**

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

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

Vance Jochim

Mailing Address

P.O. Box 1042

Tavares

FL

32778

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 352 638 3578

## 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

Vance L. Jochim

Mailing Address

P.O. Box 1042

Tavares

FL

32778

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 352 638 3578

Full Name of  
Designated  
Agent

Vance L. Jochim

Mailing Address

P.O. Box 1042

Tavares

CITY

FL

STATE

32778

ZIP CODE

Title or Position

Treasurer

Telephone number

352

638

3578

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.

Undeclared

Mailing Address

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030653918

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>8/19/11</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER (3/2005)	<i>8/22/11</i> DATE PREPARED

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