Committee Name:

PRO-LIFE SUPER PAC

If registered, FEC ID:

Applied For Today's Date:

02/16/2012

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: DAN SKERBITZ Treasurer

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FEC FORM 1	STATEM ORGANI			RECEIVED
1. NAME OF COMMITTEE (ii	n full) (Check if name is changed)	Example: If typing, ty over the lines.	vpe 12FE4M5	FEC MAIL CENTER
PRO-LIFE			<u>} </u>	· · · · · · · · · · · · · · · · · · ·
ADDRESS (number a	ddress	5404 		
L is changed				74153
COMMITTEE'S E-MA			state AL.NET	
COMMITTEE'S WEE			AC.COM	
2. DATE 02^{\prime} 16° 2012° 3. FEC IDENTIFICATION NUMBER $C APPRLIED FOR$				
 FEC IDENTIFIC IS THIS STATE 	· 🖸		(A)	
I certify that I have	examined this Statement and to the of Treasurer		pelief it is true, correct	and complete.
Signature of Treasur	er Algent Cell		Date 02	í 16 í 2012
NOTE: Submission of	false, erroneous, or incomplete information ANY CHANGE IN INFORM	tion may subject the person s IATION SHOULD BE REPOR		the penalties of 2 U.S.C. §437g.
Office Use Only		For further inform Federal Election C Toll Free 800-424- Local 202-694-110	ommission 9530	FEC FORM 1 (Revised 02/2009)

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5.			
			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 Candi		
	Candi Party	idate Affiliatio	on Office Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Party	y Com	mittee:
	(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party.
	Polit	ical A	ction Committee (PAC):
	(e)	Π	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 Organization Trade Association Cooperative
			In additien, this committee is a Lobbyist/Registrant PAC.
	(f)	\times	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	Fund	raising Representative:
l	(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.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number
		3.	
		4.	

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FEC Form 1 (Revised	02/2009)			Page 3
Write or Type Committee Nam	le			
PRO-LIFE SUP	ER PAC			
6. Name of Any Connected	Organization, Affiliate	ed Committee, Joint F	undraising Representative	, or Leadership PAC Sponsor
Mailing Address				
Ū				
			<u> </u>	
		CITY		
Relationship: Connecte	ed Organization	filiated Committee	Joint Fundraising Represent	ative Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, addres	s (phone number op	tional) and position of the p	erson in possession of committee
	ELSKERBIT	Z		
Mailing Address	P.O. BOX 3	5404		
	TULSA	1 1 1 1 1 1 1		74153
Title or Position		CITY	STATE	ZIP CODE
			Telephone number	8 - 809 - 7344
 Treasurer: List the name ar any designated agent (e.g., 		mber optional) of the	treasurer of the committee	; and the name and address of

Full Name of Treasurer			
Mailing Address	Р.О. ВОХ 35404		
	(
			74153
Title or Position	CITY	STATE	ZIP CODE
Title or Position	Telephor	ne number 918	

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FEC Form 1 (Revised 02/2009)

	ANSKERBITZ
Agent L	
Mailing Address	
	TULSA
	CITY STATE ZIP CODE
Title or Position	Telephone number 918 - 809 - 7344

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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.

	ΣΕ ΒΑΝΚ , , , , , , , , , , , , , , , , , , ,		<u></u>
Mailing Address	1100 WILLIAM D TATE AVE	<u>l1l</u> l.	
		ŢΧ	[76051]
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

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USPS Express Mail	Postmarked		
Postmark Illegible			
No Postmark			
V 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		
Date of Rec	eipt or Postmarked		
h	2/24/12		
PREPARER (3/2005)	DATE PREPARED		