## Big Data PAC P.O. Box 1461 Centreville, VA 20121

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May 13, 2013

Federal Election Commission 999 E Street, NW Washington, DC 20463

## Re: Form 1, Statement of Organization—Unlimited Contributions Big Data PAC

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,

Gabriel S. Joseph II

Treasurer

FEC FORM 1		RGANIZA		2018 MAY	
1. NAME OF COMMITTEE (in		Check if name changed)	Example: If typing, type over the lines.	12FE4M5	
Big Data P					
ADDRESS (number and street)					
(Check if add is changed)		reville		VA 2	0121
		c	NITY	STATE	ZIP CODE
COMMITTEE'S E-MAI	address	provide only one e-i			
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)			
(Check if a is changed					
2. DATE 05 (13) 2013					
3. FEC IDENTIFIC	ATION NUMBER	С			
I certify that I have examined this Statement and to the best of my knowledge and belier it is true, correct and complete.					
Type or Print Name of Treasurer Gabriel S. Joseph III					
Signature of Treasure			hAJ	Date 05	13 2013
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 Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 02/2009)

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FEC Form 1 (Revised 02/2009)

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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 Candi		· · · · · · · · · · · · · · · · · · ·		
	Canu	luale			
	Candi Party	idate Affiliatio	on Grice State Senate President State		
	•				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candi				
	Part	y Com	imittee:		
	(d)		This committee is a       (National, State       (Democratic,         This committee is a       or subordinate) committee of the       Republican, etc.) Party.		
	Polit	ical A	ction Committee (PAC):		
	(e)	$\square$	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)	×	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 Lebbyist/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.		
		Com	mittees Participating in Joint Fundraiser		
		1.			
		0			
		2.			
		3.			
		4.			

FEC Form 1 (Revised 022009)       Page 3         Write or Type Committee Name       Big Data PAC         6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor       None         Mailing Address		-		
Big Data PAC         5. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor         Mone         Mailing Address         Mailing Address         Citry       STATE         ZIP CODE         Relationship:       Connected Organization         Affiliated Committee       Joint Fundralsing Representative         Lucatodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee         Pull Name       Gabriel S. Joseph III         Mailing Address       PO_Box 1461         Title or Position       Citry       STATE         Areasurer: 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       Gabriel S. Joseph III         Mailing Address       PO_Box 1461         Mailing Address       PO_Box 1461         Mailing Address       PO_Box 1461		FEC Form 1 (Revised	02/2009)	Page 3
	w	rite or Type Committee Nam	e	
None         Mailing Address         Mailing Address         City         State         ZiP CODE         Relationship:         Connected Organization         Atfiliated Committee         Juint Fundralsing Representative         Luedership 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         Mailing Address         Image: PO_Box 1461         Image: Captriel S. Joseph III         Title or Position         City       State         ZiP CODE         Image: Imag	В	Big Data PAC		
Mailing Address	6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
	N			
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       Cabriel S. Joseph III,         Mailing Address       PO Box 1461         It e or Position       CITY         State       ZIP CODE         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       Cabriel S. Joseph III,         of 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       Cabriel S. Joseph III,         Mailing Address       PO Box 1461		Mailing Address		
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       Cabriel S. Joseph III,         Mailing Address       PO Box 1461         It e or Position       CITY         State       ZIP CODE         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       Cabriel S. Joseph III,         of 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       Cabriel S. Joseph III,         Mailing Address       PO Box 1461				
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			CITY STATE	
books and records.          Full Name       Gabriel S. Joseph III         Mailing Address       PO Box 1461         Ittle or Position       CITY         State       ZIP CODE         Image: 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       Gabriel S. Joseph III         of Treasurer       Gabriel S. Joseph III         Mailing Address       PO Box 1461		Relationship: Connecte	ed Organization	e Leadership PAC Sponsor
Mailing Address       PO Box 1461         Mailing Address       PO Box 1461         Image: Centreville       VA         Image: Centrevi		books and records.		on in possession of committee
Image: Address       Image: Address				
Title or Position       CITY       STATE       ZIP CODE         Treasurer       Telephone number		Mailing Address		
Title or Position       CITY       STATE       ZIP CODE         Treasurer       Telephone number				
Treasurer       Telephone number         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       Gabriel S. Joseph III         Mailing Address       PO Box 1461				
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 Mailing Address PO Box 1461		Title or Position	CITY STATE	ZIP CODE
any designated agent (e.g., assistant treasurer).		Treasurer	Telephone number	└┨╴┠╴╷╶┰╴
Of Treasuler       PO_Box 1461         Mailing Address       PO_Box 1461				nd the name and address of
Mailing Address         PO Box 1461		Full Name Gabr	iel S. Joseph III	
			PO Box 1461	
Centreville		-		
				2012 <u>1  </u> -  , , ,

ZIP CODE CITY Title or Position |Treasurer , \_\_\_\_\_-L \_\_ **|**\_| Telephone number ī T 

STATE

FEC Form 1 (Re	evised 02/2009)	<u> </u>	Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position			
	Tele	phone number	╶╝╴┠╶╶╶┙╸┠╌╴╶╶┙
Name of Bank, Deposit		<u>, , , , , , , , , ,</u>	<u></u>
	Centreville		20120
	CITY	STATE	ZIP CODE
Name of Bank, Deposi	lory, etc.		
L			
Mailing Address			

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Federal Election Commiss ENVELOPE REPLACEMENT PAGE FOR INC The FEC added this page to the end of this filing to i	COMING DOCUMENTS
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PREPARER	DATE PREPARED
(3/2005)	

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