

RECEIVED

2014 NOV 12 AM 9:00

FEC MAIL CENTER

Committee Name:

American Progressive Democratic Republicans for America

If registered, FEC ID:

[Redacted]

Today's Date:

November 6, 2014

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:

Kathryn Swiontek

, Treasurer

[Faint, illegible text, likely bleed-through from the reverse side of the page]

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

NOV 12 AM 9:00 Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

FEC MAIL CENTER

AMERICAN PROGRESSIVE DEMOCRATIC REIPUBLICAN FLORIDA

ADDRESS (number and street)

1139 CAMPUS DR

(Check if address is changed)

SHIPLENBURG PA 17257

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ap2305@ship.edu

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

11 / 06 / 2014

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

Kathryn June Swiontek

Signature of Treasurer

Kathryn June Swiontek

Date

11 / 06 / 2014

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 06/2012)

11001 11001 11001

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:
 - 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 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	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

FROM FINANCIAL REPORT

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

ALLISON GIBSON

Mailing Address

1139 CAMPUS DR

SHIPPENSBURG PA 17257

Title or Position

CITY

STATE

ZIP CODE

BOOKKEEPER

Telephone number 717-476-9482

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

KATHRYN SWIONTEK

Mailing Address

420 N EARL ST

SHIPPENSBURG PA 17257

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 717-989-0569

FROM: AMN: LOGS

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

[Grid for Name of Bank, Depository, etc. - Handwritten: IPSECU]

Mailing Address

[Grid for Mailing Address Line 1 - Handwritten: 118711 DILD MAIN DR]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3 - Handwritten: SHIPPENSBURG PA 17257]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. - Empty]

Mailing Address

[Grid for Mailing Address Line 1 - Empty]

[Grid for Mailing Address Line 2 - Empty]

[Grid for Mailing Address Line 3 - Empty]

CITY

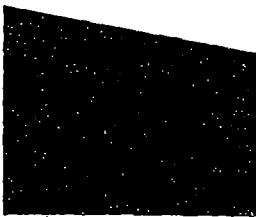
STATE

ZIP CODE

120001 110001 100001

10005 1 UNIT 1 W041

From: Alison Gibson
1300 Conquest Dr
Shippensburg, PA 17257



U.S. POSTAGE
PAID
SHIPPENSBURG, PA
17257
NOV 06 14
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20463

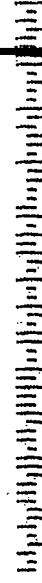


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To: Federal Election Commission
999 F. Street N.W.
Washington DC 20543



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