## STATEMENT OF

PAGE 1/5

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. America Speaks PAC 1713 S.E. 40th Street ADDRESS (number and street) (Check if address is changed) Cape Coral 33904 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS cool3003@bellsouth.net (Check if address is changed) Optional Second E-Mail Address ASPAC@cmandco.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2016 C00602623 FEC IDENTIFICATION NUMBER > 3. X 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. William Cooley Type or Print Name of Treasurer William Cooley [Electronically Filed] 01 05 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF C		<u>-</u>
(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. (Corinformation below.)	nplete the candidate
Name of Candidate		
Candidate Party Affiliati	Office Sought: House Senate President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con	nmittee: (National, State	(Democratic,
(d)	This committee is a or subordinate) committee of the	Republican, etc.) Party
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	egregated fund or party
	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:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	

FEC <b>Form 1</b> (Revis	sed 02/2009)	Page <b>3</b>
Write or Type Committee N		
America Spea	aks PAC	
•	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
j in in		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul><li>Custodian of Records: books and records.</li></ul>	Identify by name, address (phone number optional) and position of the person in	n possession of committee
	m Cooley	1
Full Name	1713 S E 40th St	
Mailing Address		
	Cape Coral FL 339	904
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer).	ne name and address of
Full Name Willian of Treasurer	n Cooley	
Mailing Address	1713 S E 40th St	
	Cape Coral FL 339	
Title or Position , Treasurer	CITY STATE	ZIP CODE
Trousdicti	Telephone number	8787

FEC FOR	1 (Revised 02/2009)			Page <b>4</b>
Full Name of				
Designated Agent				
Mailing Address				
	С	ITY		ZIP CODE
Title or Position				
		Telephon	e number	
Name of Bank, I	epository, etc.			
			FL FL	33904
Name of Bank, I	BB&T  1321 SE 47th Tarrace  Cape Coral	:ITY	FL STATE	33904 ZIP CODE
Name of Bank, I	BB&T  1321 SE 47th Tarrace  Cape Coral	EITY		
Name of Bank, I	BB&T  1321 SE 47th Tarrace  Cape Coral	:ITY		
Name of Bank, I	epository, etc.  BB&T  1321 SE 47th Tarrace  Cape Coral  cepository, etc.	ITY		
Name of Bank, I	epository, etc.  BB&T  1321 SE 47th Tarrace  Cape Coral  cepository, etc.	iTY		
Name of Bank, I	epository, etc.  BB&T  1321 SE 47th Tarrace  Cape Coral  cepository, etc.	EITY		
Name of Bank, I	epository, etc.  BB&T  1321 SE 47th Tarrace  Cape Coral  cepository, etc.	EITY		

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: