FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1	FORM 1   ORGANIZATION				i						
	<del></del>						FEC BAGALLS GAYNTER				
1. NAME OF COMMITTEE (in	full)	(Check is change			ple:If typing, the lines.	type		E4M5			
Dick Morris Take	Back Ame	rica Fund									
ADDRESS (surbor or	d street)	455 Capitol	Mall, Sui				<del></del>	<u> </u>	<u> </u>		<del>                                     </del>
ADDRESS (number and (Check if addiss changed)		Sacramento					CA		95814		
			•	CITY			STATE		ZIP	CODE	:
COMMITTEE'S E-MAI	address	S (Please provide feccomm@bmh.		-mail add	ress)						
COMMITTEE'S WEB	PAGE ADD	RESS (URL)									
(Check if a is changed											
2. DATE 03	23	2012									
3. FEC IDENTIFIC	ATION NUI	MBER		pliedF	angernerge and parent OF and american decord						
4. IS THIS STATEM	IENT X	NEW (N)	OR	-	AMENDE	D (A)					
I certify that I have ex		Statement and	to the best	of my ki	nowledge and	belief it	is true, d	correct a	nd complet	le.	
Signature of Treasure		the	Infle	to			Date	03	23		012
NOTE: Submission of fa		us, or incomplete							e penalties	of 2 U.S	6.C. §437g
Office Use Only					For further information Federal Election Free 800-424	Commission 4-9530			FEC F	ORM d 02/200	

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		OMMITTEE
Can		e Cotnmittee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	il il Natori	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand	e of didate	
	didate Affiliati	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate	
Part	 tv Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part
Poli	tical A	ction Committee (PAC):
(e)	7	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>	x	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.)
Join	t Fund	Iraising Representative:
(g)	/ <u>^</u>	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)	N°in E-di	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.	FEC ID number C
	2.	FEC ID number C
	3.	
	4.	

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Write or Type Committee Name		
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
Ndue		
Mailing Address		
		<b>]-</b> [
	CITY STATE ZIP	CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
Çen.	cresi ecca	
Custodian of Records: Ider	ntify by name, address (phone number optional) and position of the person in possess	sion of committee
	v. Hiltachk	
Full Name	455 Capitol Mall, Suite 600	
Mailing Address		
	Sacramento , CA , 95814	
	Sacramento CA 95814	_ -
Title or Position	CITY STATE ZIP	CODE
Custodian of Records	Telephone number	7757
3. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name a assistant treasurer).	and address of
Full Name Thomas W	V. Hiltachk	
Mailing Address	455 Capitol Mall, Suite 600	
	Sacramento CA 95814	
Title or Position		CODE
Treasurer	Telephone number	

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Full Name of Designated Agent	Audrey Perry Martin		
Mailing Address	455 Capitol Mall, Suite 600		
		1 1 1 1 1	
	Sacramento CITY	CA STATE	95814 ZIP CODE
Title or Position	easurer Telephor	ne number [9]	6
safety deposit be	Depositories: List all banks or other depositories in which the coxes or maintains funds.	ommittee deposits	funds, holds accounts, rents
Name of Bank,	Depository, etc.		
	California Bank & Trust		
Mailing Address	550 South Hope Street, Suite 100		
	Los Angeles	CA CA	90071
	СІТҮ	STATE	ZIP CODE
Name of Bank,	Depository, etc.	·	
			<u> </u>
Mailing Address			
	CITY	STATE	ZIP CODE

## **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. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible Nø Postmark Fed Ex Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** 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 or Postmarked Other (Specify): **PREPARER**

DATE PREPARED