January 29, 2015

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FEC MAIL CENTER

Federal Elections Commission 999 E Street, N.W. Washington, D.C. 20463

To Whom It May Concern:

This letter accompanies our amended Statement of Organization Form 1, which will supersede our original Form 1 filed on 01/06/2015. In our error, we listed the name as Abraham's Committee for Excellence Political Action Committee, which is not an acceptable name for a non-connected Committee. We sincerely apologize for this oversight and hereby submit the attached amended Statement of Organization (Form 1) to change the name of the Committee to America's Committee for Excellence Political Action Committee (ACEPAC).

Two other items were amended on this firm, as well: the zip code for the PAC P.O. Box and the title for Jodee Bruyninckx.

Please let us know if you have any questions and, again, we sincerely apologize for our oversight.

Most sincerely,

Shane Bridges

Treasurer, ACEPAC

1503-139-0120

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1	UNGANIZA	411ON		HILE GOMAIL CENTER
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
America's Commit	tee for Excellence	Political Action Co	mmittee (A	CEPAC)
ADDRESS (number and street)	Post Office B	ox 14072		
(Check if address is changed)	Monroe		LA 1	1207-
	C	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE		mail address) @gmail.com		
COMMITTEE'S WEB PAGE AL	DDRESS (URL)			
(Check if address is changed)				
M M / D D / Y Y Y Y 2. DATE				
3. FEC IDENTIFICATION NUMBER C 00571422				
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 an	d complete.
Type or Print Name of Treasurer Shane Bridges				
Signature of Treasurer	She Bulgu		Date $\overset{\mathtt{M}}{\mathcal{O}}\overset{\mathtt{M}}{I}$	29 2015
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 of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC Fo	rm 1 (Revised 02/2009)	Page 2			
.	TYPE OF C	PE OF COMMITTEE				
	Candidate	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 Affiliati	on 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 Con	nmittee:				
	(d)	(National, State	(Democratic, Republican, etc.) Party.			
	Political A	action Committee (PAC):				
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is a:			
	نا (۳		-			
		Corporation Corporation w/o Capital Stock	Labor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.				
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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	draising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political			
	Com	nmittees Participating in Joint Fundraiser				
	Con		-			
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	2.	FEC ID number C				
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FEC FOILI 1 (Heviseu (22003)	raye 3	
Write or Type Committee Name			
America's Committee for Excellence Political Action Committee (ACEPAC)			
6. Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Represent	tative, or Leadership PAC Sponsor	
Dr. Ralph Lee	Abraham, Jr		
Mailing Address	Post Office Box 270		
	Archibald LA	7,12,18	
	CITY STA		
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor	
 Custodian of Records: Identification books and records. 	tify by name, address (phone number optional) and position of	the person in possession of committee	
Full Name Jodee	N. Bruyninckx		
Mailing Address	Post Office Box 14082		
3			
	Monroe L	A 7,1207 -	
Title or Position	CITY STAT	E ZIP CODE	
		211 0002	
Agent/Custodian	of Records Telephone number	318, - 347, - 9223	
Treasurer: List the name and any designated agent (e.g., and any designated agent)	l address (phone number optional) of the treasurer of the comr ssistant treasurer).	mittee; and the name and address of	
Full Name Shar	e Bridges		
Mailing Address	291 Scales Road		
	Rayville L/	A ₁ 71269 ₁₋	
Title or Position	CITY STAT	E ZIP CODE	
Treasurer	Telephone number	318, - 614, - 5699	

FEC Form 1 (Revised 02/2009)	Page 4
Full Name of Designated Jodee N. Bruyninckx Agent	
Mailing Address Post Office Box 14082	
	CODE
Title or Position Agent/Custodian of Records Telephone number 318 - 347	9223
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds as safety deposit boxes or maintains funds.	counts, rents
Name of Bank, Depository, etc.	
Cross Keys Bank	
Mailing Address 1913 Julia Street	
Rayville 71269	
CITY STATE ZIF	CODE
Name of Bank, Depository, etc.	
<u>(,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
Mailing Address	
	لــــا-ك
CITY STATE ZIF	CODE

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Received from House Records & Registra	Date of Receipt ation Office
Received from Senate Public Records Of	Date of Receipt fice
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
D.	2/2/15
PREPARER (8/2013)	DATE PREPARED