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2013 MAR 11 AM 7:04

FEC MAIL CENTER

Mr. James McAllister
Federal Election Commission
999 E Street, NW
Washington, DC 20463

IDENTIFICATION NUMBER: C00540963

REFERENCE: STATEMENT OF ORGANIZATION

Dear Mr. McAllister:

Please find enclosed the correction to the recent request by the FEC.

- Any affiliated or connected organization must be identified on your Statement of Organization. For further guidance on affiliated committees and connected organizations, please refer to 11 CFR §§100.5(g) and 100.6. If there are no other committees or organizations with which you share control or financing, please indicate "None" on Line 6. If you do share control or financing with other committees or organizations, please indicate their names, addresses, and relationships on Line 6. (11 CFR §102.2)

Please let me know if you need any further information. Thank you!

Warmest Regards,



Emily Mathews

13031044218

FEC FORM 1

STATEMENT OF ORGANIZATION

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2013 MAR 11 AM 8:05

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12FE4M5

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

1787 National Committee, Inc.

ADDRESS (number and street)

244 Madison Avenue

Suite 1787

(Check if address is changed)

New York

NY

10016

2817

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

info@1787forAmerica.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.1787forAmerica.org

2. DATE

01 / 17 / 2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT [X] 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

Emily Mathews

Signature of Treasurer

[Handwritten Signature]

Date

01 / 17 / 2013

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 02/2009)

13031044219

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 C _____

2. _____ FEC ID number C _____

3. _____ FEC ID number C _____

4. _____ FEC ID number C _____

13031044220

Write or Type Committee Name

1787 National Committee, Inc.

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

NONE

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

Emily Mathews

Mailing Address

244 Madison Avenue

Suite 1787

New York

NY

10016

2817

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

214

727

0615

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

Emily Mathews

Mailing Address

244 Madison Avenue

Suite 1787

New York

NY

10016

2817

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

214

727

0615

13031044221

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.

Bank of America [Grid]

Mailing Address

2077 Broadway [Grid]

[Grid for Mailing Address Line 2]

New York [Grid] NY [Grid] 10023 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

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

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

1303104422

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.

13031044223

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

3/11/13
 DATE PREPARED