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FEC

Only

STATEMENT OF **ORGANIZATION**

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(Revised 02/2009)

2017 MAY -4 PM 3: 28 FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) merican Possibilities ADDRESS (number and street) (Check if address is changed) /ashington 20003 CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ızamore@capcompliance.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) ²2017 DATE FEC IDENTIFICATION NUMBER IS THIS STATEMENT OR NEW (N) 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. Michael Schrum Type or Print Name of Treasurer Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2				
TYPE OF COMMITTEE					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information belo	w.)				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Continuous information below.)	omplete the candidate				
Name of Candidate	<u> </u>				
Candidate Office House Senate President	State District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(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 of	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 Lobbyist/Registrant PAC.				
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Laint Fundraining Danyacoutativo					
Joint Fundraising Representative:					
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo 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 committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political				
Committees Participating in Joint Fundraiser					
1. FEC ID number C					
2. FEC ID number C					
3. FEC ID number C					
4.	•				

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Write or Type Committee Na					
American Poss	sibilities	·			
6. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor			
None	<u> </u>	<u> </u>			
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.					
Full Name Mich	nael Schrum	1			
Mailing Address	918 Pennsylvania Avenue, S.E.				
-					
	Washington DC 12	20003			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number	ا-لـــا-لـــــا			
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	nael Schrum				
Mailing Address	918 Pennsylvania Avenue, S.E.				
		20003 -			
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE			

FEC Form 1 (F	h- ' 1 00 (0000)		Dans 4
	levised 02/2009)	<u> </u>	Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY .	STATE	ZIP CODE
Title or Position	Telephoi	ne number	
safety deposit boxes of Name of Bank, Depos		committee deposits t	unds, holds accounts, rents
Mailing Address	1825 K Street, N.W.		
	Washington, , , , , , , , , , , , , , , , , , ,	<u> </u>	20006,
	CITY	STATE	ZIP CODE
Name of Bank, Depos	· 	STATE	ZIP CODE
Name of Bank, Depos	· 	STATE	ZIP CODE
Name of Bank, Depos Mailing Address	· 	STATE	ZIP CODE
لـــا	itory, etc.	STATE	ZIP CODE
لـــا	itory, etc.	STATE	ZIP CODE

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(3/2015)			