

2012 SEP 19 PM 2: 34

Committee Name:

UNITED STATES FINANCIAL SERVICES INDUSTRY SUPER PAC

If registered, FEC ID:

Today's Date:

09/14/2012

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

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

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.

Respectfully submitted,

Treasurer's Name:

PAUL MARX

. Treasurer

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 SEP 19 PM 12: 01

MEECMAIL CENTER

FORM 1		OHGANIZATION			ome EECOMAIL CENTE	
1. NAME OF COMMITTEE (in	ı full)	(Check if nam is changed)		ample:If typing, type r the lines.	12FE4M5	
UNITED S	TATE	S FINANCIA	L ŞER	VICES INDU	JŞTRY S	SUPER PAC
ADDRESS (number and street) P. O. BOX 613162						
(Check if a is changed)		NORTH MI	AMI		FL	33261
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES	SS (Please provide only				
(Check if a is changed	address	superpacs	manag	ement@gma	ail.com	
	d)		للللا			
COMMITTEE'S WEB PAGE ADDRESS (URL)						
(Check if						
is change						
2. DATE Ö9 [™] ′ 14° ′ 2012 °						
3. FEC IDENTIFICATION NUMBER C						
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 and complete.						
Type or Print Name of Treasurer						
Signature of Treasurer Youl Marx Date 09° 14° 20°12						
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				For further information co Federal Election Commissio		FEC FORM 1

FEC Fo	orm 1 (Revised 02/2009)	Page 2				
	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 Affiliati	Office Sought: House Senate President	State				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District				
Name of Candidate		1 ! !				
Party Con						
(d)	(National, State This committee is a 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 co	nnected organization is a:				
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Asseciation	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 segregated fund or party committee. (i.e., noncommected committee)					
	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					
(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	I I I I I I I I I I I I I I I I I I I					

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Write or Type Committee Name	S FINANCIAL SERVICES INDUSTRY SUPER PAC
	Organization, Athitated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
ΝΟΝΕΙΙΙΙ	
Mailing Address	
	CITY STATE ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor
7. Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in possession of committee
Full Name PAUL	MARX
Mailing Address	P. O. BOX 613162
	NORTH MIAMI
Title or Position	CITY STATE ZIP CODE
EXECUTIVE DIF	RECTOR Telephone number [786,] - [763,] - [7862,]
8. Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	MARX
Mailing Address	P. O. BOX 613162
	NORTH MIAMI
Title or Position	CITY STATE ZIP CODE Telephone number [786] - [763] - [7862]

STATE

STATE

ZIP CODE

ZIP CODE

CITY

CITY

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Name of Bank, Depository, etc.

Mailing Address

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