PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Effective Leadership PAC 438 Lewis Ave ADDRESS (number and street) (Check if address is changed) Brooklyn 11233 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bigalwilt@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 29 2013 C00442590 FEC IDENTIFICATION NUMBER > 3. X 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. Mr Albert C Wiltshire Type or Print Name of Treasurer Mr Albert C Wiltshire [Electronically Filed] 01 29 2013 Signature of Treasurer Date 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. **FEC FORM 1** (Revised 06/2012)

	Office			For further information contact:
i	Use			Federal Election Commission
	Only			Toll Free 800-424-9530 Local 202-694-1100

	EEC Fo	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		rm 1 (Revised 02/2009) OMMITTEE	rage <b>Z</b>
		e 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	<b></b>
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 scommittee. (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.)	
Join	t Fund	Iraising 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		<u> </u>
Effective Leade	rship PAC	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	nip PAC Sponsor
1		
Mailing Address		
•		
		-
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	idership PAC Sponsor
	ntify by name, address (phone number optional) and position of the person in pos	session of committee
books and records.		
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
1		
	Telephone number	
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the nar	me and address of
Full Name Mr Albert C of Treasurer	, willsnire	
Mailing Address	438 Lewis Ave	
	Brooklyn 11233	
Title or Position	CITY STATE 2	ZIP CODE
reasurer		490   -   3876

	n 1 (Revised (	02/2009)	Page <b>4</b>
Full Name of Designated Agent			
Mailing Address	L		
	Į		
	L		
Til 5 10		CITY STATE	ZIP CODE
Title or Position		Telephone number	
Banks or Other safety deposit bo		: List all banks or other depositories in which the committee deposits	a.radi nordo docounto, ronto
Name of Bank, I	Chase		
	Chase	:.	
Name of Bank, I	Chase	:.	11201
Name of Bank, I	Chase	177 Montague St	11201 ZIP CODE
Name of Bank, I	Chase	177 Montague St  Brooklyn  CITY  STATE	
Name of Bank, I	Chase	177 Montague St  Brooklyn  CITY  STATE	ZIP CODE
Name of Bank, I	Chase	Brooklyn  CITY  STATE	ZIP CODE
Name of Bank, I	Chase	Brooklyn  CITY  STATE	ZIP CODE
Name of Bank, I	Chase	Brooklyn  CITY  STATE	ZIP CODE