FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 2012 FEB -6 AM 8: 43 FEC MAIL CENTER

Office Use Only

				fice Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	Tourist CHinese
American Voices	<b>3</b>	<del>                                      </del>	1 1 1 1 1 1	
ADDRESS (number and street)	PO Box 53087	<b>75</b>		
(Check if address is changed)	Miami		FL 3:	3153
	ſ	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	· · · · · · · · · · · · · · · · · · ·	·		
(Check if address is changed)	USVoices	te@gmail.com		
COMMITTEE'S WEB PAGE ADI	DRESS (URL)			
(Check if address is changed)	www.America	nVoicesPAC.c	om 	
2. DATE	DO A TVI. VIII VIII VIII VIII VIII VIII VIII			
3. FEC IDENTIFICATION N	JMBER C 00	)497560		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief	it is true, correct and	i complete.
Type or Print Name of Treasure	Maria Cole	-//		
Signature of Treasurer	Man	, Cllin	Date Ö1 <sup>M</sup>	31° ′ 2012 ′
NOTE: Submission of false, errone	eous, or incomplete information ANY CHANGE IN INFORMATION			penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commit Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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		DMMITTEE				
(a)	date	Committee:  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 o Candida	ame of					
Candide Party A		Office State  Sought: House Senate President  District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o Candida						
Party	Com	mittee:				
(d)		(National, State (Democratic, This committee is a committee of the Republican, etc.) Party.				
Politic	al Ad	ction 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				
		Member≢hip Organization				
		In addition, this committee is a Lobbyist/Registrant PAC.				
<b>(f)</b>		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 Lebbyist/Registænt PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint F	Fund	raising 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 ic 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.				
(	Comr	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.					
	<b>2.</b> 3.					
	<u>-</u> . <b>∆</b>					

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Write or Type Committee Na		. 490 0
American Voice	es	
	d Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade	ership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: ic books and records.</li> </ol>	dentify by name, address (phone number optional) and position of the person in p	cossession of committee
Full Name Mari	a Cole	
Mailing Address	PO Box 530857	
	Miami FL 331	53  -
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [561] - [	704 4543 _
8. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the ., assistant treasurer).	name and address of
Full Name Mari	a Cole	
Mailing Address	PO Box 530857	
	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Miami FL 331	53
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number [561] - [	704,  - 4543

9.

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Full Name of Designated Agent						
Mailing Address						
·	CITY	STATE	ZIP CODE			
Title or Position						
	Telephone nu	mber				
<del></del>						
	Depositories: List all banks or other depositories in which the committees or maintains funds.	ittee deposits	funds, holds accounts, rents			
Name of Bank,						
Branch, Banking and Trust						
Mailing Address	Operations Center					
	(PO,Box 819					
	Wilson	NC	27894,   - 0819			
	CITY	STATE	ZIP CODE			
Name of Bank,	Depository, etc.					
Mailing Address		<del>                                     </del>				
		1111				
	CITY	STATE	ZIP CODE			

## **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. **Date of Receipt Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 2/6/12 **DATE PREPARED**