

HAND DELIVERED

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2015 APR 16 AM 11:00

Committee Name:

UNINTIMIDATED PAC, INC.

If registered, FEC ID:

[Redacted]

Today's Date:

4/16/2015

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:

KEITH GILKES

, Treasurer

11000011111111111111

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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
FEC MAIL CENTER
2015 APR 16 AM 9:08

Office Use Only

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

12FE4M5

UNINTIMIDATED PAC, INC.

ADDRESS (number and street)

PO BOX 15177

(Check if address is changed)

WASHINGTON

CITY ▲

DC

STATE ▲

20003

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

TREASURER@UNINTIMIDATEDPAC.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

UNINTIMIDATEDPAC.COM

2. DATE

04 / 16 / 2015

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

Keith Gilkes

Signature of Treasurer

Keith Gilkes

Date

04 / 15 / 2015

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 Only

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

FEC FORM 1
(Revised 06/2012)

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 _____

Write or Type Committee Name

UNINTIMIDATED PAC, 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

KEITH GILKES

Mailing Address

PO BOX 15177

WASHINGTON

DC

20003

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

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

KEITH GILKES

Mailing Address

PO BOX 15177

WASHINGTON

DC

20003

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number

UNINTIMIDATED PAC, INC.

Full Name of Designated Agent | CHRIS ASHBY

Mailing Address | PO BOX 15177

|

WASHINGTON | DC | 20003 |

CITY

STATE

ZIP CODE

Title or Position | ASSISTANT TREASURER

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.

CHAIN BRIDGE BANK

Mailing Address | 1445-A LAUGHLIN AVE

|

MCLEAN | VA | 22101 |

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

|

Mailing Address |

|

|

CITY

STATE

ZIP CODE

110011141110001

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FROM : FRT : MNON

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.

Hand Delivered Date of Receipt
4/16/15

USPS First Class Mail Postmarked
Date of Receipt

USPS Registered/Certified Postmarked (R/C)

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No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

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

Other (Specify): Date of Receipt or Postmarked


 PREPARER

4/16/15
 DATE PREPARED

ORIGINAL DOCUMENT