Image# 11971565733 PAGE 1 / 4

| FEC FORM 1 | | | EMENT ANIZAT | | | | | Office | Use Only | | |
|---------------------------------------|---------------|--------------------------------|-----------------|-----------------------|-----------------------|----------------|------------|----------|-------------|----------|--------|
| 1. NAME OF COMMITTEE (ir | n full) | (Check if is change | | Example:I over the li | f typing, typ nes. | e 12 | FE4MS | 5 | | | |
| American | Succes | ss Politica | al Action | n Con | nmitte | 9 | | | | | |
| ADDRESS (number a | and street) | 701 8th Street, N | W | | | | | | | | |
| (Check if ac is changed) | ddress | Suite 500 Washington | | | | D | C | 20001 | | | |
| | | | CIT | Υ | | STA | ΤE | | ZIP CC |)DE | |
| COMMITTEE'S E-MA (Check if is change | address | S (Please provide mklesher@wms | - | nil address) | | | | | | | |
| COMMITTEE'S WEB | PAGE ADD | RESS (URL) | | | | | | | | | |
| (Check if is change | | | | | | | | | | | |
| 2. DATE 10 | 0 06 | 2011 | Y | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER | C C003 | 36644 | | | | | | | |
| 4. IS THIS STATE! | MENT | NEW (N) | OR | × | MENDED (| A) | | | | | |
| I certify that I have e | examined this | s Statement and t | o the best of | my knowle | edge and be | lief it is tru | ie, correc | t and co | mplete. | | |
| Type or Print Name | of Treasurer | Walt Mix | | | | | | | | | |
| Signature of Treasure | Walt Mix | | | [Elect | tronically File | ed] Date | 10 | | 06 | |)11 |
| NOTE: Submission of | | ous, or incomplete i | | | | - | | | alties of 2 | 2 U.S.C. | §437g. |
| | | | | | | | | | _ | _ | |

| | Office | | | For further information contact: | FEC FORM 1 |
|---|--------|--|--|----------------------------------|-------------------|
| ı | Use | | | Federal Election Commission | |
| ᆫ | Only | | | Toll Free 800-424-9530 | (Revised 02/2009) |

| F | FEC Fo i | rm 1 (Revised 02/2009) | Page 2 |
|--------------|----------------------|---|--|
| TYPE | E OF C | OMMITTEE Committee: | <u> </u> |
| (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. (Con information below.) | nplete the candidate |
| Name Cand | e of lidate | | |
| | lidate Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | | | |
| Part | ty Con | nmittee: (National, State | (Domocratic |
| (d) | | This committee is a committee of the committee of the | (Democratic, Republican, etc.) Party. |
| Poli | tical 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 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 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 | raising 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 ID number | |

| Г | | | |
|---|---|------------------------------------|-------------------------|
| FEC Form 1 (Revise Write or Type Committee Na | | | Page 3 |
| | ccess Political Action Com | mittee | |
| | d Organization, Affiliated Committee, Joint Fund | | ershin PAC Sponsor |
| David Dreier | | | |
| | | | |
| Mailing Address | 233 Cannon HOB | | |
| | | | |
| | Washington | DC 20515 | 5 |
| | CITY | STATE | ZIP CODE |
| Relationship: Conne | cted Organization Affiliated Committee Join | nt Fundraising Representative X | Leadership PAC Sponsor |
| books and records. | Identify by name, address (phone number option | nal) and position of the person in | possession of committee |
| Full Name Meredi | ith Lesher | | |
| Mailing Address | 701 8th Street, NW | | |
| | Suite 500 | | |
| | Washington | DC 2000 | 1 |
| Title or Position | CITY | STATE | ZIP CODE |
| | | elephone number 202 - | 659 8201 |
| 8. Treasurer: List the name any designated agent (e. | and address (phone number optional) of the treg., assistant treasurer). | easurer of the committee; and the | name and address of |
| Full Name Walt Monday | ix | | |
| Mailing Address | 1155 21st Street, NW | | |
| | Suite 300 | | |
| | Washington | DC 20036 | 6 |
| Title or Position | CITY | STATE | ZIP CODE |
| THE OF FUSICION | | elephone number | , , - , , , |

| 1 20 1 011 | n 1 (Revised 02/2009) | | Page 4 |
|-------------------------------------|---|----------------|----------|
| | | | |
| Full Name of Designated Agent | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| Title or Position | CITY | STATE | ZIP CODE |
| Title of Fosition | | mber | |
| cafaty danacit he | oves or maintains funds | | |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue | <u> </u> | |
| | Depository, etc. Chain Bridge Bank | | |
| Name of Bank, I | Depository, etc. Chain Bridge Bank | VA 22101 | |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue | VA 22101 STATE | ZIP CODE |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY | | ZIP CODE |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY | STATE | |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc. | STATE | |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc. | STATE | |
| Name of Bank, I | Chain Bridge Bank 1445-A Laughlin Avenue McLean CITY Depository, etc. | STATE | |