## STATEMENT OF ORGANIZATION

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FORWIT				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	5
Amerijcian IS	o <sub>i</sub> l <sub>i</sub> u <sub>i</sub> t <sub>i</sub> i <sub>i</sub> o <sub>i</sub> n <sub>i</sub> s <sub>i i</sub> F	P <sub>i</sub> A <sub>i</sub> C <sub>1</sub>	<u>[</u>	
	<u> </u>	<u> </u>	<del> </del>	
ADDRESS (number and street)	8, 0, 2, 1, C, h, i, r	o, p, e, n, h, a, m, , C, o, u	<u> </u>	
(Check if address is changed)	F. a, i, r, f, a, x, . S	S <sub>i</sub> t <sub>i</sub> a <sub>i</sub> t <sub>i</sub> i <sub>i</sub> o <sub>i</sub> n <sub>i i</sub>	[V <sub>i</sub> A]	[2, 2 <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub> 9]-
001111777770 5 1141 40005	20	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES				
	1:1111.		<u> </u>	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
		: _ <del>                                     </del>	<u> </u>	
	1	1 1:1 1 1:1 1	1 bu 1 1 1	
			A 74 54.	
COMMITTEE'S FAX NUMBER [8,6,6]-[4,1,2]-[9,7,3	3 <sub>1</sub> 8 <u> </u>			
2. DATE 1 2 1 16	2009	,		
3. FEC IDENTIFICATION NU	JMBER C	Monandian C		
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the bes	st of my knowledge and belief it	t is true, corre	ct and complete.
Type or Print Name of Treasure	A. J. Young			
Signature of Treasurer	No S		Date 12	2 16 2009
		n may subject the person signing TION SHOULD BE REPORTED W		to the penalties of 2 U.S.C. §437g. S.
Office Use Only FE3AN042.PDF		For further Information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

FE	C Fo	rm 1 (Revised 12/2007)	Page 2
		OMMITTEE Committee	
	laate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below	OW.)
(b)	1	This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name Candid			
Candid Party A		Office Sought: House Senate President	State
raity	المالاه	on Sought. <sub>i, i</sub> nouse s s Senate <sub>ii</sub> President	District
(c)	7	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	Con	nmittee:	<del></del>
(d)	1	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal A	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
•		Membership Organization Trade Association	Cooperative
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	<del></del>
Joint	Func	raising Representative:	
(g)	i 4 -	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	: 'mex.'	This committee collects contributions, pays fundraising expenses and disburses net proceeds fo	
	•	committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	* Stammantaniona
	1.	FEC ID number C	. Îleanii - · · · · · · · · · · · · · · · · · ·
	2.	FEC ID number C	
	3.	FEC ID number	
	4.	FEC ID number C	Tringas
	_		State of the state
	5.		· · · · · · · · · · · · · · · · · · ·

Γ						
FEC Form 1 (Revised	12/2007) Page <b>3</b>					
Write or Type Committee Name	<b>)</b>					
American Solutions PAC						
6. Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative					
1:1111:11						
N o n e ; ; ;						
Mailing Address						
Relationship:	CITY STATE ZIP CODE					
Connected Organization	Affiliated Committee					
	:					
<ol> <li>Custodian of Records: Ider books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in possession of committee					
Full Name A J	$_{1}\mathbf{Y}_{1}\mathbf{o}_{1}\mathbf{u}_{1}\mathbf{n}_{1}\mathbf{g}_{2}$					
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
Title or Position	CITY STATE ZIP CODE					
•	170211646115528					
[ I: r: e: a: s: u: r; e: r:	Telephone number [7,0,3] - [6,4,6] - [5,5,2,8]					
8. Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).					
Full Name of Treasurer A J	Y_o_u_n,g					
Mailing Address	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	$[F_1 a i, r, f_1 a, x, S_1 t, a, t, i, o, n]$ $[V_1A]$ $[2, 2, 0, 3, 9]$ $[V_1A]$					
Title or Position	CITY STATE ZIP CODE					
T <sub>i</sub> r <sub>i</sub> e <sub>i</sub> a <sub>i</sub> s <sub>i</sub> u <sub>i</sub> r <sub>i</sub> e <sub>i</sub> r <sub>i</sub>	Telephone number [7,0,3] - [6,4,6] - [5,5,2,8]					
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FEC Form 1 (Revised	12/2007)		Page 4			
Full Name of Designated Agent J o e	Gay, I, o, r, d					
Mailing Address	$\left[\begin{array}{cccccccccccccccccccccccccccccccccccc$	$u_1r_1t_1$				
	EF. a, i, r, f. a, x, S, t, a, t, i, o, n	VA STATE	2, 2, 0, 3, 9 ZIP CODE			
Title or Position						
A <sub>i</sub> s <sub>i</sub> s <sub>i</sub> i <sub>j</sub> s <sub>i</sub> t <sub>i</sub> a <sub>i</sub> n <sub>i</sub> t <sub>i</sub>	<u>T;r;e;a;s·u·r;e;r·</u> Telephone	number 7	0,3 - 6,4,6 - 5,5,2,8			
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.						
[B <sub>:</sub> B <sub> </sub> & <sub> </sub> ]	「」:C」r」o」s,s,p,o」i,n,t,e,,B」r」a」n」c	h				
Mailing Address	$ [\begin{array}{cccccccccccccccccccccccccccccccccccc$	D <sub>i</sub> r <sub>i</sub> i <sub>i</sub> v <sub>i</sub>	e, , , , , , , , , , , , , , , , , , ,			
	F, a, i, r, f, a, x, , S, t, a, t, i, o, n, , , ,	V <sub>i</sub> A	2,2,0,3,9,-[2,6,1,0]			
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, e	itc.					
	<u> </u>	<u> </u>				
Mailing Address	<u> </u>	<u> </u>				
			<u> </u>			
	CITY	STATE	ZIP CODE			

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