Second Chance PAC

June 24, 2015

Line 9

Second Chance PAC does not yet have a bank or other depository in which we deposit funds, hold accounts, rent safety deposit boxes or maintain funds. The reason for this is that we are yet to raise funds. Any change of information will be reported within 10 days.
Committee Name:

Second Chance PAC

If registered, FEC ID:

Today's Date:

June 24, 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:

Adam Savader, Treasurer
STATEMENT OF ORGANIZATION

1. NAME OF COMMITTEE (in full)  
   □ (Check if name is changed)  
   Example: If typing, type over the lines.
   12FE4M5

   Second Chance PAC

ADDRESS (number and street)  
   □ (Check if address is changed)
   P.O. Box 234014

   Great Neck NY 11023

   CITY STATE ZIP CODE

COMMITTEE’S E-MAIL ADDRESS (Please provide only one e-mail address)  
   □ (Check if address is changed)
   SecondChancePAC@gmail.com

COMMITTEE’S WEB PAGE ADDRESS (URL)  
   □ (Check if address is changed)
   SecondChancePAC.org

2. DATE
   6  24  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  
   Adam Savader

Signature of Treasurer  
   Adam Savader  
   Date
   6  24  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.
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) [x] 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. [ ]

2. [ ]

3. [ ]

4. [ ]

FEC ID number

[ ]

[ ]

[ ]

[ ]
Write or Type Committee Name

Second Chance PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[ ] None

Mailing Address

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: Adam Sayader
Mailing Address: P.O. Box 234014
Great Neck, NY 11023
Title or Position: Founder / Director
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: Adam Sayader
Mailing Address: P.O. Box 234014
Great Neck, NY 11023
Title or Position: Founder / Director
Telephone number:
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<tr>
<th>Full Name of Designated Agent</th>
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<td>ZIP CODE</td>
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<th>Title or Position</th>
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<th>Name of Bank, Depository, etc.</th>
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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.
- Mailing Address
- City
- State
- Zip Code
- Name of Bank, Depository, etc.
- Mailing Address
- City
- State
- Zip Code
- Name of Bank, Depository, etc.
- Mailing Address
- City
- State
- Zip Code
Adam Savader 82151-053
Federal Correctional Institution
P.O. Box 2000
Joint Base MDL, NJ 08640

Federal Election Commission
999 E Street, NW
Washington, DC 20463

24 JUN 2015
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<th>Shipping Date</th>
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PREPARER: [Signature]

DATE PREPARED: 6/29/15

PREPARER: [Signature]

DATE PREPARED: (3/2015)