2012 JUL 30 AM 10: 59

**Committee Name:** 

Fightin' 9th PAC

If registered, FEC 1D:

Today's Date:

7-21-12

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:

**Justin Higgins** 

, Treasurer

## 12030862751

FEC FORM

## STATEMENT OF ORGANIZATION

RECE

| FORM 1                    | •                   |  |   | 1                    | Man Sakara                       |
|---------------------------|---------------------|--|---|----------------------|----------------------------------|
|                           |                     |  |   |                      | Office Use Only                  |
| 1. NAME OF                |                     | Check if name                                  | Example: If typing, type                                | 12FE4M5              |                                  |
| COMMITTEE (in fi          | الاس) is            | s changed)                                     | over the lines.   | FEC                  | MAIL CENTER                      |
|                           |                     |  |   |                      |                                  |
| FILGHTIN                  | , 'd'1'H' b         | PAG  |   | <del></del>          |                                  |
| 1                         |                     |  |   |                      | 1                                |
| <del></del>               | <del></del>         | <del></del>                                    |   | <del></del>          |                                  |
| ADDRESS (number and       | street) P.O         | $B_{0}$  | 1.07  |                      |                                  |
| (Check if add             | dress               |  |   |                      | 1                                |
| is changed)               |                     |  |   |                      |                                  |
|                           |                     | PORT   |   |                      | 24,1,28-0,10,7                   |
|                           | Cl                  | TY▲  |   | STATE ▲              | ZIP CODE ▲                       |
| COMMITTEE'S E-MAIL        | ADDRESS             |  |   |                      |                                  |
|                           |                     |  |   |                      | •                                |
| (Check if add is changed) | Iress JUS           | T1 N@F1  | , G, H, T, I, N, Q, T, H, . , C                         | ., <b>D</b> , M      |                                  |
|                           | Ontional            | Second E-Mail Ad                               | idress  |                      |                                  |
|                           | l i i               |  |   |                      |                                  |
|                           | <del></del>         |  |   |                      |                                  |
| is changed)               |                     | <u>  -   -   -   -   -   -   -   -   -   -</u> | 16,H,T,1,N9,T,H,.,C                                     |                      |                                  |
| 2. DATE 0 7               | ζζδοζ               | ŏĭà  | ·   |                      |                                  |
| 3. FEC IDENTIFICA         | TION NUMBER >       | . с  |   |                      |                                  |
| 4. IS THIS STATEME        | ENT X NEW           | (N) OR   | AMENDED (A)   |                      |                                  |
| certify that ! have exa   | amined this Stateme | ent and to the bes                             | t of my knowledge and belief it                         | t is true, correct a | and complete.                    |
|                           |                     |  | -   | ,                    | = - <del></del> -                |
| Type or Print Name of     | Treasurer           | ustin Hin                                      | nains   |                      |                                  |
| -                         |                     |  | 77  |                      |                                  |
| Signature of Treasurer    | Justie              | ustin Hig<br>n Alagins                         |   | Date 0 7             | ' <b>10</b> ' 20 ' 2             |
| NOTE: Submission of fal   |                     | -  | may subject the person signing ION SHOULD BE REPORTED V |                      | the penalties of 2 U.S.C. §437g. |
| Office                    |                     |  | For further information of                              |                      | FEC FORM 1                       |
| Use                       |                     |  | Federal Election Commiss Toll Free 800-424-9530         | ion                  | (Revised 06/2012)                |

|               |                    | COMMITTEE te 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<br>Cand  |                    | <u> </u>   |  |  |  |  |  |
| Cand<br>Party | lidate<br>Affiliat | Office State tion Sought: House Senate President District  |  |  |  |  |  |
| (c)           |                    | This committee supports/opposes only one candidate, and is NOT an authorized committee.  |  |  |  |  |  |
| Name<br>Cand  |                    |  |  |  |  |  |  |
| Part          | y Coi              | mmittee:   |  |  |  |  |  |
| (d)           |                    | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party   |  |  |  |  |  |
| Poli          | tical A            | Action Committee (PAC):  |  |  |  |  |  |
| (e)           |                    | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a   |  |  |  |  |  |
|               |                    | Corporation Wo Capital Stock Labor Organization  |  |  |  |  |  |
|               |                    | Membership Organization Trade Association Cooperative  |  |  |  |  |  |
|               |                    | In ascitien, this committee is a Lobbyist/Registrant PAC.  |  |  |  |  |  |
| <b>(f)</b>    | 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/Hegistrant PAC.  |  |  |  |  |  |
|               |                    | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)   |  |  |  |  |  |
| Join          | t Fun              | draising 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.   |  |  |  |  |  |
|               | Con                | nmittees Participating in Joint Fundraisor   |  |  |  |  |  |
|               | 1.                 | FEC ID number C  |  |  |  |  |  |
|               | 2.                 | FEC ID number C  |  |  |  |  |  |
|               | 3.                 |  |  |  |  |  |  |
|               | 4                  |  |  |  |  |  |  |

| FEC Form 1 (Revised   | 02/2009)   | Page <b>3</b>            |
|---|--|--------------------------|
| Write or Type Committee Nam                                 | ne   |                          |
| 6. Name of Any Connected                                    | Organization, Affiliated Committee, Joint Fundraising Representative, or Leader                      | rship PAC Sponsor        |
|   |  |                          |
|   |  |                          |
| Mailing Address   |  |                          |
| ag / aa.roo   |  | _ <del></del>            |
|   |  | !-!                      |
|   | CITY STATE   | ZIP CODE                 |
| Relationship: Connecto                                      | ed Organization Affiliated Committee Joint Fundraising Representative L                              | eadership PAC Sponsor    |
| • •   |  |                          |
| books and records.  | entify by name, address (phone number optional) and position of the person in p                      | assession of committee   |
| Full Name JUS   | T,1,N H,1,GG1,NS   |                          |
| Mailing Address   | [P.O. BOX 107  |                          |
|   |  | . 70 .0. 0.              |
|   | NEWPORT IVA 124  | 1,28-[0,1,0,7            |
| Title or Position   | CITY STATE   | ZIP CODE                 |
| EXEC. DIR   | Telephone number 540-6   | 2,30-15,5,7,4            |
| 8. Treasurer: List the name all any designated agent (e.g., | nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer). | name and address of      |
| Full Name of Treasurer                                      | TIN HIGGINS  |                          |
| Mailing Address   | P. O. BOX 107  |                          |
|   |  |                          |
|   | NEWPORT VAI 24.  | 1281-101,0,7<br>ZIP CODE |
| Title or Position  [EX:E:C.: D.) R                          | ECTOR Telephone number 5,40-6  | 7,3,01-16,5,74           |

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

| Federal Election Cor<br>ENVELOPE REPLACEMENT PAGE FO<br>The FEC added this page to the end of this fili | R INCOMING DOCUMENTS          |  |  |  |  |
|---|-------------------------------|--|--|--|--|
| Hand Delivered  | Date of Receipt               |  |  |  |  |
| USPS First Class Mail   | Postmarked 7/23/14            |  |  |  |  |
| USPS Registered/Certified   | Postmarked (R/C)              |  |  |  |  |
| USPS Priority Mail  | Postmarked                    |  |  |  |  |
| Delivery Confirmation™ or Signature Confirmation™ Label   |                               |  |  |  |  |
| USPS Express Mail   | Postmarked                    |  |  |  |  |
| Postmark Illegible  |                               |  |  |  |  |
| No Postmark   |                               |  |  |  |  |
| Overnight Delivery Service (Specify):   | Shipping Date                 |  |  |  |  |
|   | Next Business Day Delivery    |  |  |  |  |
| Received from House Records & Registration  | Date of Receipt<br>n Office   |  |  |  |  |
| Received from Senate Public Records Office  | Date of Receipt               |  |  |  |  |
| Received from Electronic Filing Office  | Date of Receipt               |  |  |  |  |
| Other (Specify):  | Date of Receipt or Postmarked |  |  |  |  |
| Longs   | 7/30/1                        |  |  |  |  |
| PREPARER (3/2005)   | DATE PREPARED                 |  |  |  |  |
| (3/2003)  |                               |  |  |  |  |