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FEC MAIL CENTER

Committee Name:		· FEC MAIL O
	Solutions - PAC	
If registered, FEC ID:		
	The state of the College of the Coll	
Today's Date:		
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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:

Respectfully submitted,

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.

Treasurer's Name:

Aaron T. Manaigo, Treasure

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FEC FORM 1

## STATEMENT OF ORGANIZATION

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			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	15FC4MAIL CENTER
Americar	n Splutio	nis - PAC	
ADDRESS (number and street)	1829 Fa	ترم سعل ع روه	urt
(Check if address is changed)	Suite	310	
is changed)	Stockb	cidoe	[GA] [3928]]-
	CITY		STATE A ZIP CODE A
COMMITTEE'S E-MAIL ADDRES			
(Check if address is changed)	1 atman	aigo, e hotm	ail. com
is shanges,	Optional Second E-Mail		
COMMITTEE'S WEB PAGE ADD	DRESS (URL)		
(Check if address is changed)	I WHY AN	nerican soluti	onspac. org
io diangeo,			
			<del>}                                    </del>
2. DATE "\"O' "\"	26' 2014		
· · · · · · · · · · · · · · · · · · ·			
3. FEC IDENTIFICATION NU	JMBER ► C	double the second	
A IS THIS STATEMENT NA	NEW (N) OB	-	
4. IS THIS STATEMENT V	NEW (N) OR	AMENDED (A)	·
I certify that I have examined th	nis Statement and to the be	est of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	Aaron	T. Manaigo	
Signature of Treasurer	Am T	p -	Date 10 06 2014
NOTE: Submission of false, errone		on may subject the person signing ATION SHOULD BE REPORTED W	this Statement to the penalties of 2 U.S.C. §437g. VITHIN 10 DAYS.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	FEL. ELIBINA I

FEC Fo	rm 1 (Revised 02/2009)		Page 2
TYPE OF C			
Candidate	e Committee:		
(a)	This committee is a principal campaign committee. (Complete the candidate information	mation below	.)
(b)	This committee is an authorized committee, and is NOT a principal campaign con information below.)	mmittee. (Cor	mplete the candidate
Name of Candidate		1.1.1.1.	
Candidate Party Affiliati	Office ion Sought: House Senate	President	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized	committee.	
Name of Candidate			
Party Con	nmittee:		
(d)	(National, State This committee is a or subordinate) committee of the		(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on	line 6.) Its co	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 committee. (i.e., nonconnected committee)	a separate s	segregated 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.)		
Joint Fund	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, at least one of which is an authorized committee of a federal committee.		
(h)	This committee collects contributions, pays fundraising expenses and disburses net procommittees/organizations, none of which is an authorized committee of a federal can		wo or more political
Com	nmittees Participating in Joint Fundraiser		
1.		er C	
2.		er C	en e
3.		,	•
J.		. •	
4.	[	er: C	•

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FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
American Solutions - PA	C
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identify by name, address (phone number optional) and position of the persor books and records.</li> </ol>	n in possession of committee
Full Name Lisa Reichert	
\$20 Entruct Court	
Mailing Address	
	307 <i>81</i> 11
LISTOCK DITINGTO	392811-
Title or Position CITY STATE	ZIP CODE
Project Manager Telephone number 678	B-1565-15335
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer Aaron T. Manaigo	
Mailing Address 11025 Connecticut Ave	$\mathcal{N}\mathcal{W}$
Ste 1000	
city state	20036 - LIP CODE
Title or Position  Senior Advisor  Telephone number 292	2-1243-18201

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

NO VA 220 W. Huron I. Managa 025 connecticat Ave, m Lestington, DC 26036

Federal Election Commission 9998. Street NW 06 OCT 2014 FM 2 L 1744

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## 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. Date of Receipt Hand Delivered Postmarked **USPS** First Class Mail Postmarked (R/C) USPS Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS** Priority Mail Express Postmark Illegible No Postmark Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt 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 or Postmarked Other (Specify):

(8/2013)