1505 140 0914

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

FEC FORM 1

(Revised 06/2012)

			2015 FEB 20 Bille Ohiy 3		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FEZOMAIL CENTER		
End Citizens L	Jnited				
				لـ	
ADDRESS (number and stre	eet) 1050 17th Streeet, NW				
(Check if addres	Suite 590				
is changed)	Washington	1	DC , 20036		
	CITY ▲		STATE ▲ ZIP CODE ▲	لــا	
COMMITTEE'S E-MAIL AD					
(Check if address is changed)	ss Support@PCMSLLC.co	om i t l i i i l i i i i i i i		. 1	
is changed)	Optional Second E-Mail Add	dress			
COMMITTEE'S WEB PAG					
(Check if address is changed)	SS None	<u> </u>			
,	1				
				Ш	
2. DATE 02	26 2015				
	***	en en der en en de en			
3. FEC IDENTIFICATIO	N NUMBER ► C				
4 10 71110 07475145147	:2 -Y NEW (N) OD				
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examin	ned this Statement and to the best	of my knowledge and belief	it is true, correct and complete.		
·		. •			
Type or Print Name of Tre	asurer Brian Foucart				
	5	L .	grandama . Chamba		
Signature of Treasurer	Brian Foucart		Date 02 26 2013		
NOTE O Les de Carin					
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.					
Office		For further information			

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

•		11 1 (Floridad C22000)				
		OMMITTEE Committee:				
Can	oldate ह्या					
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name Candi						
Candi	idate	Office State				
Party	Affiliation	on Sought: House Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	y Con	nmittee:				
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.				
Polit	ical 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				
		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	Fund	raising 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.				
	Com	mittees Participating in Joint Fundraiser				
	1.					
	2.					
	3.	FEC ID number C				
	4.	FEC ID number				

Write or Type Committee Name	
End Citizens United	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC	Sponsor
NONE	5 1 E 1 g
Mailing Address	
CITY STATE ZIP COL	DE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership	PAC Sponsor
Total of Ship Controlled Cigarization (Cigarization)	710 0 0 0 11001
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession	of committee
books and records.	or commune
Brian Foucart	1
Full Name	<u></u> ,
Mailing Address LILILILILILILILILILILILILILILILILILIL	
Washisngton DC 20036	
Title or Position CITY STATE ZIP COL	Œ
Treasurer 202 628	1581
Telephone number	
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer). 	address of
Full Name Brian Foucart	ı
of Treasurer [1050 17th Street, NW	<u></u>
Mailing Address	
Suite 590	لتبي
Washisngton DC 20036	
CITY STATE ZIP COE Title or Position	ÞΕ
Treasurer	

CITY

STATE

ZIP CODE

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FEC Form 1 (Revised 02/2009)

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.

	g to maioute non it was received.
	Date of Receipt
Hand Delivered	2/26/15
USPS First Class Mail	Postmarked
USPS FIISt Class Mail	
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
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Postmark Illegible	
No Postmark	`
	Shipping Date
Overnight Delivery Service (Specify):	Ompping Date
	Next Business Day Delivery
Received from House Records & Registrati	Date of Receipt on Office
,	Date of Receipt
Received from Senate Public Records Office	•
	Date of Receipt
Received from Electronic Filing Office	P
	Date of Receipt or Postmarked
Other (Specify):	·
JB	2/26/2015
PREPARER	DATE PREPARED
(8/2013)	