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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AMERICAN COURAGE 20423 STATE ROAD 7 ADDRESS (number and street) SUITE F-18 (Check if address is changed) **BOCA RATON** 33498 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2013 C00508226 FEC IDENTIFICATION NUMBER > 3. X 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. CABELL HOBBS Type or Print Name of Treasurer CABELL HOBBS [Electronically Filed] 03 18 2013 Signature of Treasurer Date 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 contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	EEC F -	1 (Paying 02/2000)	Page 2				
		om 1 (Revised 02/2009) OMMITTEE	Page 2				
		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.)						
Nam Cano	e of didate						
	didate / Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Nam Cand	e of didate						
Par	ty Con	nmittee:	(Damas anatis				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

FEC Forms 4 (Desite 1 or	2/2000	Dama 2
FEC Form 1 (Revised 02 Write or Type Committee Name	2/2009)	Page 3
AMERICAN CO	LIDACE	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	DAC Sponsor
-	ganization, Anniated Committee, John Fundraising Representative, or Leadersing	FAC Spoilsoi
NONE		
Mailing Address		
	CITY STATE ZI	P CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
. Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in posse	ssion of committee
CABELL HO	DBBS	ı
Full Name	₁ 20423 STATE ROAD 7	
Mailing Address	SUITE F-18	
	BOCA RATON , FL , 33498	
Title or Position	CITY STATE ZII	CODE
TREASURER	Telephone number	
B. Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the name sistant treasurer).	and address of
Full Name CABELL HC	DBBS	ı
of Treasurer	20423 STATE ROAD 7	
Mailing Address		
l	SUITE F-18	
l	BOCA RATON FL 33498 CITY STATE ZIF	P CODE
Title or Position TREASURER	CITY STATE ZIF	

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Full Name of Designated Agent	MELODIE JOHNSON					
Mailing Address	20423 STATE ROAD					
	SUITE F-18					
	BOCA RATON CITY STATE	ZIP CODE				
Title or Position ASSISTANT TRE	EASURER Telephone number					
. 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.						
	BB&T					
Mailing Address	1909 K Street NW					
	Washington DC 20006					
	CITY STATE	ZIP CODE				
Name of Bank, D	Depository, etc.					
Mailing Address						
	CITY STATE	ZIP CODE				