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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. America's Party PO Box 77 ADDRESS (number and street) (Check if address is changed) Lohrville 51453-0316 IΑ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS bob.aip@att.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.aipnews.com (Check if address is changed) DATE 08 2014 C00451096 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Christine A Szczap Type or Print Name of Treasurer Christine A Szczap [Electronically Filed] 04 80 2014 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

| ı | FEC Fo i | rm 1 (Revised 02/2009) | Page 2 |
|--------------|----------------------|--|---|
| | | OMMITTEE | |
| (a) | didate | 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. (Compinformation below.) | elete the candidate |
| Name Cand | e of lidate | | |
| | lidate Affiliatio | on Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Cand | e of lidate | | |
| Part | y Con | nmittee: | |
| (d) | X | NAT ' ' | 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 connected organization on line 6.) | nected 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 a separate seg committee. (i.e., nonconnected committee) | gregated 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 | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | | |
| | 4. | | |

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|--|---|----------------------------|
| Write or Type Committee Na | | <u> </u> |
| America's Par | rtv | |
| | d Organization, Affiliated Committee, Joint Fundraising Representative, or Le | adership PAC Sponsor |
| NONE | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connec | cted Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: le books and records. | dentify by name, address (phone number optional) and position of the person | in possession of committee |
| Robert | Zabik | |
| Full Name | 4199 Pavilion Ct | |
| Mailing Address | | |
| | Fenton MI 48 | 3430 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Agent | Telephone number 810 | - 714 - 4340 |
| 3. Treasurer: List the name any designated agent (e.g | and address (phone number optional) of the treasurer of the committee; and tg., assistant treasurer). | he name and address of |
| Full Name Christin of Treasurer | ne A Szczap | |
| Mailing Address | 1126 Grant St | |
| | | |
| | Wheaton IL 60 CITY STATE | 189 ZIP CODE |
| Title or Position Treasurer | | - 665 - 1268 |

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|----------------------------------|--|---------------|
| | | |
| Full Name of Designated | Robert Zabik | |
| Agent | 4199 Pavilion Ct | |
| Mailing Address | | |
| | | |
| | Fenton MI 48430 CITY STATE | ZIP CODE |
| Title or Position | | 714 - 4342 |
| | | |
| Name of Bank, I | Depository, etc. | |
| Mailing Address | 600 Second St | |
| Mailing Address | | 316 |
| Mailing Address | Lohrville IA 51453-03 | 316 |
| Mailing Address | | 316 |
| Mailing Address Name of Bank, I | Lohrville CITY STATE | |
| | Lohrville CITY STATE | |
| | Lohrville CITY STATE Depository, etc. | |
| Name of Bank, I | Lohrville CITY STATE Depository, etc. | |
| Name of Bank, I | Lohrville CITY STATE Depository, etc. | |

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: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

It is our intent to submit a request for advisory opinion to recognize America's Independent Party National Committee as a national party. We have numerous state parties being developed, have held our inaugural convention, have ballot access in at least 3 states, have opened a bank account, have received donations, and have nominated presidential and vice presidential candates. We intend to submit this request imminently.

Form/Schedule: Transaction ID: