Only

STATEMENT OF

PAGE 1 / 4

FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Conservative Action for America 282 Tropical Lane ADDRESS (number and street) (Check if address is changed) Ormond Beach 32174 FL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS actionforamerica@cfl.rr.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00638247 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. Loh, Joyce, , , Type or Print Name of Treasurer Loh, Joyce, , , [Electronically Filed] 04 2017 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

Local 202-694-1100

FFO	Form 1 (Revised 02/2009)	Page 2
TYPE O	F COMMITTEE	. ugo =
Candid	ate 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. (Con information below.)	nplete the candidate
Name of Candidat	e	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [
Party C	committee:	(Damas : '
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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.)	
Joint F	ındraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(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.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2	FEC ID number	
3	FEC ID number	
4		

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		i aye y
	Action for America	
	d Organization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
NONE		
Mailing Address		
		-
	CITY STATE Z	IP CODE
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponso
Total of the second of the sec	to organization in the second contract in the	
. Custodian of Records: lo	dentify by name, address (phone number optional) and position of the person in possi	ession of committee
books and records.	opaone, en are posses in poss	
Loh, Jo	yce, , ,	
Full Name	,282 Tropical Lane	
Mailing Address		
	Ormond Beach	
	Ormond Beach	
Title or Position	CITY STATE Z	IP CODE
1		1.1
	Telephone number	
3. Treasurer: List the name a	and address (phone number optional) of the treasurer of the committee; and the nam	e and address of
any designated agent (e.g.	, assistant treasurer).	
Full Name Loh, Joy of Treasurer	rce, , ,	
Mailing Address	282 Tropical Lane	
	Ormond Beach FL 32174	
Title or Position	CITY STATE Z	IP CODE
THE OF FUSICION	Telephone number	-

FEC Form 1 (Re	evised 02/2009)	Page 4
Full Name of Designated Agent Loh, V	Weikeen, , ,	
Mailing Address	282 Tropical Lane	
	Ormond Beach CITY STATE	32174 ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes or Name of Bank, Deposit	ory, etc.	its runas, noias accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. Bank	its funds, noids accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc.	its rungs, noigs accounts, rents
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave	
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave	32174
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave	
safety deposit boxes or Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave Holly Hill FL CITY STATE	32174
safety deposit boxes or Name of Bank, Deposit TD Mailing Address	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave Holly Hill FL CITY STATE	32174
safety deposit boxes or Name of Bank, Deposit TD Mailing Address	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave Holly Hill FL CITY STATE	32174
safety deposit boxes or Name of Bank, Deposit TD Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave Holly Hill FL CITY STATE	32174
safety deposit boxes or Name of Bank, Deposit TD Mailing Address Name of Bank, Deposit	maintains funds. ory, etc. Bank 1852 N Ridgewood Ave Holly Hill FL CITY STATE	32174