Committee Name:

Americans for Crushing It

If registered, FEC ID:

Today's Date:

September 7, 2015

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:

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.

Respectfully submitted,

[Signature]

Treasurer's Name:

Victor Tran, Treasurer
1. NAME OF COMMITTEE (in full) □ (Check if name is changed)
   Example: If typing, type over the lines.

   AMERICANS FOR CRUSHING IT

2. ADDRESS (number and street) □ (Check if address is changed)

   C.S.U. 3250

   P.O. B.O X 8793

   WILLIAMSBURG

   CITY □

   NA

   STATE □

   ZIP CODE □

3. COMMITTEE'S E-MAIL ADDRESS □ (Check if address is changed)

   CRUSHINGTPAC@GMAIL.COM

   Optional Second E-Mail Address

   P.I.RAMOS@GMAIL.COM

4. COMMITTEE'S WEB PAGE ADDRESS (URL) □ (Check if address is changed)

5. DATE 09/07/2015

6. FEC IDENTIFICATION NUMBER □

   C

7. 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.

Type or Print Name of Treasurer VICTOR TRAN

Signature of Treasurer ____________________________

Date 09/07/2015

Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

Any change in information should be reported within 10 days.
5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate

Candidate Party Affiliation

Office Sought: [ ] House [ ] Senate [ ] President

State [ ] District

(c) [ ] This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) [ ] This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action 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) [ ] 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 Fundraising 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.

Committees Participating in Joint Fundraiser

1. [ ] FEC ID number

2. [ ] FEC ID number

3. [ ] FEC ID number

4. [ ] FEC ID number
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

| N O N E |

Mailing Address

| State |

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Full Name |

Mailing Address

| CITY |

| ZIP CODE |

Title or Position

| CITY |

| ZIP CODE |

Telephone number 810-617-8283

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

| Full Name |

Mailing Address

| CITY |

| ZIP CODE |

Title or Position

| CITY |

| ZIP CODE |

Telephone number 810-617-8283
9. **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.**

   \[ \text{Name of Bank, Depository, etc.} \]

   \[ \text{Mailing Address} \]

   \[ \text{CITY} \quad \text{STATE} \quad \text{ZIP CODE} \]

   **Name of Bank, Depository, etc.**

   \[ \text{Mailing Address} \]

   \[ \text{CITY} \quad \text{STATE} \quad \text{ZIP CODE} \]

   **Name of Bank, Depository, etc.**

   \[ \text{Mailing Address} \]

   \[ \text{CITY} \quad \text{STATE} \quad \text{ZIP CODE} \]
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<tr>
<td>□ Received from Senate Public Records Office</td>
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<tr>
<td>□ Received from Electronic Filing Office</td>
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<td>□ Other (Specify):</td>
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**Date of Receipt:** 9/21/15

**Shipping Date:**
- Next Business Day Delivery: □