2010 SEP -2 PM 1: 12

FEC FORM 1

10050420588

STATEMENT OF ORGANIZATION

			(See instr	ructions)			Office use only	
1.	NAME OF COMMITTEE (in t	full)	(Check if nam is changed)		mple: If typying, type r the lines	12FE4	IM5	
Ц	First Amendm	ent Alliance			1.1.1.1.1.1.1			
Ш				1. 1. 1.1.		1111	111111111	
ADI	ORESS (number and s	treet)	Box 83	1.1.1.1	 			
· · · · ·	(Check if address	ـــــا					1111111	
	is changed)		candria		ليبيب	L YA	22313 -	
				CITY.		STATE	ZIP CODE 🛦	
COI	MMITTEE'S E-MAII	L ADDRESS (Pleas	e provide only o	one e-mail ad	dress)			
a way	(Check if address	•	m@mindspri		 			
	is changed)	لبنا	1.1.1.1.1	1.1.1.1		1111		
CO	MMITTEE'S WEB F	PAGE ADDRESS (L						
	(Check if address is changed)	L L	v.firstamendr	nentalliano	e.com			لـــ
MV.	•							لــــــ
	PEC IDENTIFICATION THIS STATEME	22.4	20,10)	C	AMENDED (A)	-		
Туре	ify that I have examine or Print Name of	Treasurer	Anthony Holn	·	d belief it is true, correct a		08 130 ZOJ	ŏ
								
NOT	E: Submission of fals				e person signing this State OULD BE REPORTED		penalties of 2 U.S.C. §437g. DAYS	
	Office Use Only				For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

		FEC I	Form 1 (Revised 02/2009)					Page 2	
 5.	TYP	E OF C	OMMITTEE (Check One)						
			Committee:						
	(a)	1	This committee is a princip	al campaign committe	ee. (Complete the	e candidate infon	mation below.)	•	
	(b)	· datable.	This committee is an authorinformation below.)	rized committee, and	is NOT a princip	al campaign con	nmittee. (Complete	e the candidate	
	Nam Cand	e of didate	ال المستخصلات المستخصلات	<u>i.lil</u>		L_1l. :	l . <u>l</u> .	. l . il.	
		didate / Affiliat	ion	Office	House	Senate	President	State District	Ascandin 1
•	(c)		This committee supports/op	poses only one cand	idate, and is NO	an authorized c	ommittee.		
	Nam Cand	e of lidate	·		.ll	_ <u>li</u>	'. <u>i.i</u>		
	Party	Comn	nittee:	(Notice	onal, State		LMF-lin aboutes a rege		
	(d)		This committee is a		onal, State ubordinate) comn	nittee of the	· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.)) Party.
	Polit	ical Act	tion Committee (PAC):				·· ······ ··		
	(e)	1	This committee is a separate	e segregated fund. (lo	dentify connected	l organization on	line 6.) Its connec	cted organization	ı is a:
		3	Corporation	Smar.;	Corporation w/o C		Lat	oor Organization	
			Membership Organizati	on [j]	Frade Association	1	Co	operative	
	46	energy.	In addition, this o	ommittee is a Lobbyi	st/Registrant PA0	C .			
	(f)	x.	This committee supports/opp committee. (i.e., nonconnect		Federal candidat	e, and is NOT a	separate segrega	led fund or party	
			In addition, this commit	tee is a Lobbyist/Reg	istrant PAC.				
			In addition, this commit	tee is a Leadership P	AC. (Identify spo	nsor on line 6.)			
	Joint I	Fundra	ising Representative:	-					
	(g)	-	This committee collects contr committees/organizations, at					or more political	
	(h)	Parents of	This committee collects contr committees/organizations, no					or more political	
		Com	mittees Participating in Joint F	undraiser					
			1.	<u>, : , : , , , '</u>	<u></u> F	EC ID number	C	nganamangan karangan menumban sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai sebagai Sebagai sebagai sebaga	· emin
			2.	<u> </u>	F	EC ID number	C	managas sur er er egg.	4 4
			3.	<u> </u>	F	EC ID number	C		eservices
			4.	<u> </u>	F	EC ID number	C	en i samen er en	

FEC Form 1 (Revised (12/2009)		
Vrite or Type Committee Name			
First Amendment Allia	nce	•	
		······································	
Name of Any Connected O	rganization, Affiliated Committee, Joint Fur	ndraising Representative, or Lead	ership PAC Sponsor
NONE	<u> </u>		<u> </u>
	<u> </u>	<u> </u>	:
Mailing Address	L	<u> </u>	
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	CITY▲	STATE A	ZIP CODE
Relationship:			
Connected Organization	Affiliated Committee Join	nt Fundraising Representative	Leadership PAC Sponso
possession of Committee Full Name Antho	ny Holm		
possession of Committee	books and records.		
possession of Committee Full Name Antho	books and records. ny Holm		
possession of Committee Full Name Antho Mailing Address	PO Box 83 Alexandria		22313 _
possession of Committee Full Name Mailing Address Title or Position	PO Box 83 Alexandria		22313
possession of Committee Full Name Antho Mailing Address	PO Box 83 Alexandria		22313 _
possession of Committee Full Name Anthor Mailing Address Title or Position Treasurer Treasurer: List the name name and address of any Full Name	PO Box 83 Alexandria CITY A and address (phone number optional) designated agent (e.g., assistant treasu	VA STATE Telephone number512 of the treasurer of the committee	22313 _ ZIP CODE & - 585 - 0002
possession of Committee Full Name Anthor Mailing Address Title or Position Treasurer Treasurer: List the name name and address of any Full Name	PO Box 83 Alexandria CITY A and address (phone number optional)	VA STATE Telephone number512 of the treasurer of the committee	22313 _ ZIP CODE 1 - 585 - 0002
possession of Committee Full Name Anthor Mailing Address Title or Position ▼ Treasurer Treasurer: List the name name and address of any Full Name	PO Box 83 Alexandria CITY A and address (phone number optional) designated agent (e.g., assistant treasu	VA STATE Telephone number512 of the treasurer of the committee	22313 _ ZIP CODE 1 - 585 - 0002
possession of Committee Full Name Mailing Address Title or Position ▼ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Anthor	PO Box 83 Alexandria CITY A and address (phone number optional) of designated agent (e.g., assistant treasuring Holm	VA STATE Telephone number512 of the treasurer of the committee	22313 _ ZIP CODE 1 - 585 - 0002
possession of Committee Full Name Mailing Address Title or Position ▼ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Anthor	PO Box 83 Alexandria CITY A and address (phone number optional) designated agent (e.g., assistant treasuring Holm PO Box 83	VA STATE Telephone number512 of the treasurer of the committeer.	22313 _ ZIP CODE \(\bar{\} \) - \(585 \) - \(0002 \) ee; and the
possession of Committee Full Name Mailing Address Title or Position ▼ Treasurer Treasurer: List the name name and address of any Full Name of Treasurer Mailing Address	PO Box 83 Alexandria CITY A and address (phone number optional) designated agent (e.g., assistant treasuring Holm PO Box 83 Alexandria CITY A CITY A	VA STATE Telephone number512 of the treasurer of the committee arer).	22313

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Full Name of Designated			
Agent			
Mailing Address			
i			
Title or Position ∀	CITY A	STATE 4	ZIP CODE A
		Telephone number	
Mailing Address	1		<u> </u>
	Alexandria	YA j	22314!-
	CITY 🛦	STATE 4	ZIP CODE 🛕
Name of Bank, Deposite	ory, etc.		
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Mailing Address			
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Committee Name:
First Amendment Alliance Inc.
f registered, FEC ID:
Committee ID-Pending
oday's Date:
9/1/2010
Federal Election Commission
99 E Street, N.W.
Vashington, 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,

A.A. Holm

Treasurer's Name:
Anthony Holm , Trea

(3/2005)

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. Date of Receipt **Hand Delivered USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED