You Cruz, You Lose

March 9th, 2016

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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,

7m ſ

Jesse Nicholas, Treasurer

| FEC<br>FORM 1   | STATEMENT O<br>ORGANIZATIO                        | THOULACD   |  |  |  |  |
|---|---|--|--|--|--|--|
| 1. NAME OF<br>COMMITTEE (ir   | n full) (Check if name Exam<br>is changed) over t | ble:If typing, type  |  |  |  |  |
| You CLUZ, You Lose  |   |  |  |  |  |  |
| 1   |   | · · · · · · · · · · · · · · · · · · ·  |  |  |  |  |
| ADDRESS (number and street) $4789thAVeruse$   |   |  |  |  |  |  |
| $\square  (Check if address is changed) \qquad \square  A  B  A  B  A  B  A  B  A  B  A  B  A  B  A  B  A  B  A  B  B$  |   |  |  |  |  |  |
|   | CITYA   |  |  |  |  |  |
| d<br>"Committee's e-m/<br>"   | AIL ADDRESS                                       |  |  |  |  |  |
| ]<br>3 [] ◀ (Check if i<br>is changed   |   | Com  |  |  |  |  |
| 1   | Optional Second E-Mail Address                    |  |  |  |  |  |
|   |   |  |  |  |  |  |
| (Check if is changed  |   | om<br>   |  |  |  |  |
| 2. DATE   | 3 0 9 2016  |  |  |  |  |  |
| 3. FEC IDENTIFICATION NUMBER ►  |   |  |  |  |  |  |
| 4. 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 Jesse Nichola                        | S  |  |  |  |  |
| Signature of Treasur  | er Zn M   | Date 03 00   |  |  |  |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.<br>ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |   |  |  |  |  |  |
| Office<br>Use<br>Only   |   | or further information contact:<br>ederal Election Commission<br>Di Free 800-424-9530<br>ocal 202-694-1100 |  |  |  |  |

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I.

| Candidate Committee: |   |       |   |  |  |  |
|----------------------|---|-------|---|--|--|--|
|                      | (a)   | D     | This committee is a principal campaign committee. (Complete the candidate information below.)   |  |  |  |
|                      | (b)   | D     | This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)   |  |  |  |
|                      | Name<br>Candid  | -     |   |  |  |  |
|                      | Candid<br>Party /   |       | on Construct Office State State State Description State District District   |  |  |  |
|                      | (c)   |       | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |  |  |
|                      | Name of<br>Candidate  |       |   |  |  |  |
|                      | Party   | Com   | imittee:  |  |  |  |
|                      | (d) This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party. |       |   |  |  |  |
|                      | Politi  | cal A | ction Committee (PAC):  |  |  |  |
|                      | (e)   | O     | 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 D Trade Association D Cooperative   |  |  |  |
|                      |   | ,     | In addition, this committee is a Lobbyist/Registrant PAC.   |  |  |  |
|                      | (f)   | Y     | 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   | Fund  | raising Representative:   |  |  |  |
| (                    | (g)   | O     | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political<br>committees/organizations, at least one of which is an authorized committee of a federal candidate. |  |  |  |
| (                    | h)  | D     | 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.    |   |  |  |  |
|                      |   | 2.    |   |  |  |  |
|                      |   | 3.    |   |  |  |  |
| •                    |   | 4.    |   |  |  |  |
|                      |   |       |   |  |  |  |

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|---|--|---------------------|--|--|--|--|
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| Write or Type Committee Name  |  |                     |  |  |  |  |
|   |  |                     |  |  |  |  |
| 6. Name of Any Connected C  | organization, Affillated Committee, Joint Fundraising Representative, or Leadersh  | ip PAC Sponsor      |  |  |  |  |
|   |  |                     |  |  |  |  |
|   |  |                     |  |  |  |  |
| Mailing Address   |  |                     |  |  |  |  |
|   |  |                     |  |  |  |  |
|   |  |                     |  |  |  |  |
|   | CITY STATE 2   |                     |  |  |  |  |
| Relationship: DConnecter  | d Organization Affiliated Committee JJoint Fundraising Representative JLead  | dership PAC Sponsor |  |  |  |  |
| <ol> <li>Custodian of Records: Idea<br/>books and records.</li> </ol> | ntify by name, address (phone number optional) and position of the person in poss  | ession of committee |  |  |  |  |
| Full Name   | se Nicholas  |                     |  |  |  |  |
| Mailing Address   | 1478, 9,t, Avenve  |                     |  |  |  |  |
|   | [A, p, a, r, t, M, e, n, t, A]   |                     |  |  |  |  |
|   | New York Gity NY 1100  | 1.8]-[]             |  |  |  |  |
| Title or Position<br>Treasures  |  | CODE                |  |  |  |  |
| Mar A and he  |  | 4 4 - [1,1,8,3]     |  |  |  |  |
| 8. <b>Treasurer:</b> List the name an any designated agent (e.g.,     | d address (phone number optional) of the treasurer of the committee; and the nam<br>assistant treasurer).  | ne and address of   |  |  |  |  |
| Full Name $J_1 e_1 S_1$   | se Nicholas  |                     |  |  |  |  |
| Mailing Address   | [4, 7, 8, 9, t, h, A, v, e, n, v, e]   |                     |  |  |  |  |
|   | $[\underline{A}_{1}\underline{\rho}_{1}\underline{\alpha}_{1}\underline{r}_{1}\underline{t}_{1}\underline{M}_{1}\underline{C}_{1}\underline{\alpha}_{1}\underline{t}_{1}\underline{\lambda}_{1}\underline{\lambda}_{1}\underline{\tau}_{1}\underline{\tau}_{1}\underline{\tau}_{1}\underline{\lambda}_{1}\underline{\tau}_{1}\tau$ |                     |  |  |  |  |
|   | New York city NY 100<br>CITY STATE Z   |                     |  |  |  |  |
| Title or Position   | Telephone number [6,1,7]-[8]   | 1,4]-[1,1,8,3]<br>  |  |  |  |  |

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FEC Form 1 (Revised 02/2009)

|              | Full Name of<br>Designated<br>Agent   | Peter Donahue   |  |  |  |  |
|--------------|---|---|--|--|--|--|
|              | Mailing Address   | 14,7, Énglewood Ave   |  |  |  |  |
|              |   | [A, P, a, r, t, me, n, t, G, f,                 |  |  |  |  |
|              |   | $[B_0,S,t,0,0] \qquad [MA]  [0,a,1,3,5] - [1,1,1]$                                  |  |  |  |  |
|              | Title or Position   | CITY STATE ZIP CODE   |  |  |  |  |
|              | Head of   |   |  |  |  |  |
|              | 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.<br>Name of Bank, Depository, etc. |   |  |  |  |  |
|              |   | Bank of America   |  |  |  |  |
| Q            | Mailing Address   | a, a, y, w, e, s, t, y, t, h, s, r, e, e, t, i, |  |  |  |  |
| 2            |   |   |  |  |  |  |
| Ő            |   | NY 1,00,141-  |  |  |  |  |
| 554          |   | CITY STATE ZIP CODE   |  |  |  |  |
| ON: OOOMUMNR | Name of Bank, Depository, etc.  |   |  |  |  |  |
| Ą            | Mailing Address   |   |  |  |  |  |
|              |   |   |  |  |  |  |
|              |   |   |  |  |  |  |
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|              |   | . CITY STATE ZIP CODE   |  |  |  |  |
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