

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

## License Bullets

ADDRESS (number and street)

1101 Connecticut Avenue, NW

(Check if address is changed)

Suite 450

Washington, DC

DC

20036

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

contact@licensebullets.com

Optional Second E-Mail Address

sharon@licensebullets.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

licensebullets.com

2. DATE

06 / 01 / 2016

3. FEC IDENTIFICATION NUMBER ▶

C C00619114

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 Mrs. Sharon Frankel

Signature of Treasurer

Mrs. Sharon Frankel

[Electronically Filed]

Date

06 / 06 / 2016

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.

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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

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(Revised 06/2012)