Only

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STATEMENT OF **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) FREEDOM AND FAIRNESS VIRGINIA PO BOX 9891 ADDRESS (number and street) (Check if address is changed) ARLINGTON 22219 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TOM@CROSBYOTT.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00623777 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. TOM DATWYLER Type or Print Name of Treasurer TOM DATWYLER [Electronically Filed] 80 2016 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

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TYP	E OF C	OMMITTEE	1 ago 2
Car	ndidate	e 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. (Cominformation below.)	plete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	/Damaau-+!-
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	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.)	
Join	t Func	Iraising 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.	vo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised 02/2009) Write or Type Committee Name	Page 3
FREEDOM AND FAIRNESS VIRGINIA	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Represe	ntative or Leadership PAC Sponsor
	mative, or Ecuacionip i No oponion
NONE	
Mailing Address	
CITY S	TATE ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Rep	presentative Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of books and records. 	of the person in possession of committee
TOM DATWYLER Full Name	
PO BOX 9891 Mailing Address	
Midning Address	
ARLINGTON	VA 22219
Title or Position CITY ST/	ATE ZIP CODE
TREASURER Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the cor any designated agent (e.g., assistant treasurer).	nmittee; and the name and address of
Full Name TOM DATWYLER	ı
of Treasurer PO BOX 9891	
Mailing Address	
LADLINICTON	VA 1 122240
ARLINGTON CITY STA	VA
Title or Position TREASURER LITY Telephone number	ZIF CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho loxes or maintains funds. Depository, etc.	ous accounts, rents
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	
safety deposit b	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	Jus accounts, rents
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE	
safety deposit b Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE	ZIP CODE
safety deposit b Name of Bank, Mailing Address	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. CHAIN BRIDGE BANK, NA 1445-A LAUGHLIN AVE MCLEAN CITY STATE Depository, etc.	ZIP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1N Transaction ID:

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.

Form/Schedule: Transaction ID: