Freedom PAC 150 Broadway, Suite 1011 New York, New York 10038 RECEIVED 2012 MAR 30 PM 4: 21 FEC MAIL CENTER

March 27, 2012

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

> Re: Form 1, Statement of Organization Freedom PAC – 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 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-klnd, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Julie Pyun Treasurer

FEC FORM 1		_		ent o Zatio	-				EIVED PM 4: 20 _ CENTER
1. NAME OF COMMITTEE (ir	n full)		Check if name changed)		ble:If typing, type ne lines.	12FE			
Freedom F	PAC		<u> </u>	<u> 1 1 1 1 1 1 1 </u>	<u>. I. I. I. I. I.</u>	<u> </u>			
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COMMITTEE'S E-MA	AIL ADDR	ESS (Please	provide only o	ne e-mail addro	ess)				
(Check if is change							L]]
COMMITTEE'S WEE	B PAGE A	DDRESS (U	RL)						
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2. DATE	<u></u> 2	? " ′ 2()12						
3. FEC IDENTIFIC	CATION I	NUMBER	C						
4. IS THIS STATE			(N) OF	۶ 🗌	AMENDED (A)				
I certify that I have	examined	this Stateme	ent and to the	best of my kn	owledge and belie	f it is true, c	orrect an	d complete.	
Type or Print Name	of Treasu	_{rer} Juli	e Pyun					<u></u>	
Signature of Treasur	'er	()	rlef	m		Date	03	Ź <u>ŽŽ</u>	2012
NOTE: Submission of	false, erro				ct the person signin			penalties of 2	2 U.S.C. §437g.
Office					or further information			FEC FO	RM 1

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 Office
 For further information contact:
 FEC FORM 1

 Use
 Federal Election Commission
 FEC FORM 1

 Only
 Toll Free 800-424-9530
 (Revised 02/2009)

 Local 202-694-1100
 Local 202-694-1100

FEC Form 1 (Revised 02/2009)

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5.			DMMITTEE
	Can	didate	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 Candi		
	Candi Party	idate Affiliatio	on Office State State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi	-	
	Part	v Com	mittee:
	(d)		This committee is a (National, State (Democratic, (Democratic,))))))))))
	Polit	tical A	ction Committee (PAC):
	(0)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(8)		Corporation Corporation w/o Capital Stock Labor Organization
			Memburship Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(f)	\mathbf{X}	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.)
	Join	t Fund	raising Representative:
	(g)	Π	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 foderal gandidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political
		المحدية	committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	
		3.	
		4.	FEC ID number

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Write or Type Committee Name

Freedom PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor

Mailing Address						
			CITY		STATE	ZIP CODE
CITY STATE ZIP CODE 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.

	Pyyn			
Mailing Address	150 Broadway			
·	Suite 1011	<u>1, 1, 1, 1, 1, 1</u>		
			10038	
Title or Position	CITY	STATE	ZIP COD	DE
	Teleph	one number	212 - 437 -	0032

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	ulie Pyun
Mailing Address	150 Broadway
	Śuite 1011
	New York
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated			
Agent			··· I ··· I ··· I ···· I ····· I ····· I ···· I ···· I ···· I ····· I ······
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Title or Position			
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safety deposit boxes Name of Bank, Depo		·	
	apital One Bank		
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	1424 Madison Avenue	<u>NY</u> STATE	
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USPS First Class Mail	Postmarked
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Delivery Confirmation [™] or Signature Co	nfirmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
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
Date o	f Receipt or Postmarked
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