FEC

Only-

STATEMENT OF **ORGANIZATION**

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2012 JUL 18 AM 8: 13

(Revised 02/2009)

FORM 1 r - Office Use Only FNTFR NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Liberty Restored, Inc. 3101 Towercreek Pkwy ADDRESS (number and street) Ste. 150 (Check if address is changed) 30339 GĄ Atlanta ZIP CODE CITY STATE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ,jennifer@bobbarr.org (Check if address paul@pdscompliance.com is changed) 150 great de la COMMITTEE'S WEB PAGE ADDRESS (URL) unan Jack Marin (Check if address is changed) معطن فيمان في 2. DATE FEC IDENTIFICATION NUMBER 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. Mr. Craig Dowdy Type or Print Name of Treasurer Mr. Craig Dowdy 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

Toll Free 800-424-9530

Local 202-694-1100

	-	OMMITTEE						
Cen		e Committee:						
(a)	P*************************************	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 Cano	e of didate	<u></u>						
	didete / Affiliati	Office State on Sought: House Senate President District						
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name Cand	e of didate							
Part	ty Con	nmittee:						
(d)	[52 \]	(National, State (Democratic, roll subordinate) committee of the Republican, etc.) Party						
Poli	tical A	ction Committee (PAC):						
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is						
		Corporation Corporation w/o Capital Stock Labor Organization						
		Membership Organization Trade Association Cooperative						
		In addition, this committee is a Lobbyist/Registrant PAC.						
(f)	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	Iraising Representative:						
(g)		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 federal candidate.						
(h)		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.						
	Com	mittees Participating in Joint Fundraiser						
	1.	FEC ID number						
	2.	FEC ID number C						
	3.							
	4.	FEC ID number C						

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FEC Form 1 (Revised C	2/2009)	Page 3
Write or Type Committee Name		
Liberty Restore	d, Inc.	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
NONE		
	<u> </u>	1 1 1 1 1 1 1 1
Mailing Address		
Maining Address		1
		!-! !
	CITY STATE	ZIP CODE
Relationship: [] Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Iden books and records. 	tify by name, address (phone number optional) and position of the person in	possession of committee
Full Name		لتتبيين
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full Name Mr. Craig D	owdy	لببببا
Mailing Address	303 Peachtree Street, NE	
	Ste. 5300	
	Atlanta GA 30338	ZIP CODE
Title or Position Treasurer	Telephone number	527 - 4000

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address		<u> </u>	<u> </u>
-		1 1	
		1 , 1	1 , , , , 1-1 , , ,
	CITY	STATE	ZIP CODE
Title or Position			
<u> </u>	Telephone nu	ımber	
			
9. Banks or Other De safety deposit boxes	epositories: List all banks or other depositories in which the commiss or maintains funds.	ittee deposits	funds, holds accounts, rents
Name of Bank, Dep			
_i F	First Citizens	1 1 1 1 1	
Mailing Address	1330 Cumberland Blvd. SE		
Mailing Address		<u> </u>	-
	<u></u>		i30339
	Atlanta	GA J	30339
	CITY	STATE	ZIP CODE
Name of Bank, Dep		STATE	ZIP CODE
Name of Bank, Dep		STATE	ZIP CODE
Name of Bank, Dep		STATE	ZIP CODE
Name of Bank, Dep		STATE	ZIP CODE
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