FEOTRAL ELECTION COMMISSION PUBLIC DISCLOSURE DIVISION

2014 MAY - 1 PM 2: 29

## **Committee Name:**

American Freedom Super PAC If registered, FEC ID:

Today's Date: 4/24/14

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,

Treasurer's Name: Gabriel Hoffman , Treasurer

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FEC FORM 1	STATEMENT OF ORGANIZATION	L-1 4 1 (17) (17)
1. NAME OF COMMITTEE (in		If typing, type 12FE4M5
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	<u> Diyin:w:0:0idiyi : : : :</u> CITY▲	Image: Image
COMMITTEE'S E-MA	IL ADDRESS	
<ul> <li>(Check if a is changed</li> <li>COMMITTEE'S WEB</li> </ul>		$a_1i_1i_2C_1O_2m_1$
(Check if a is changed	3	0:m:S:uperr:p:a:(weeb:1:y:(.0:m)
2. DATE <b>(</b> )	4 24 2014	
3. FEC IDENTIFIC		
4. IS THIS STATEM		AMENDED (A)
I certify that I have a	xamined this Statement and to the best of my know	ledge and belief it is true, correct and complete.
Type or Print Name	of Treasurer Gabriel Hoffman	)
Signature of Treasure	Jale Hollomen	Date 04 24 2014
NOTE: Submission of	lalse, erroneous, or incomplete information may subject t ANY CHANGE IN INFORMATION SHOULD	the person signing this Statement to the penalties of 2 U.S.C. §437g. BE REPORTED WITHIN 10 DAYS.
Office Use Only	Fede Toll 1	Turther information contact: rral Election Commission Free 800-424-9530 1 (Revised 06/2012) 1 (202-694-1100

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Cano		DMMITTEE		
	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			<u> </u>	
Candie	idate Affiliatic	Office on Sought: House Senate President	State	
Farty	Annauc	on Sought: House Senate President	District	
(c)	: •	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name Candio				
Party	y Com	mittee:		
(d)		(National, State	(Democratic, Republican, etc.) Party.	
Politi	ical Ad	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is a	
		Corporation V/o Capital Stock	Labor Organization	
		Membership Organization Trade Association	Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.		
(f)	$\checkmark$	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (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.)		
Joint	Fund	raising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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 tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political	
	Comr	nittees Participating in Joint Fundraiser		
	1.		An the second	
	2.	FEC ID number	na sa s	
	3.	[ FEC ID number C		
	4.	↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓ ↓		

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FEC Form	1	(Revised	02/2009)
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Page	3

Write or Type Committee Name

6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
L		
L		
	Mailing Address	
	·	
		CITY STATE ZIP CODE
	Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsc
7.		ntify by name, address (phone number optional) and position of the person in possession of committee
	books and records.	
	Full Name	rinell Houffitimain
	Mailing Address	4574. Viillage Daks Drive
		10 univioro divini 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Title or Position	CITY STATE ZIP CODE
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	····	
8.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name	
		<u>rijel Hoffmanner Prima</u>
	Mailing Address	<u><u>4</u>574 Village Daks Drive</u>
		DIVINIWIOIOIDIUIYIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
	Title or Position	
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FEC Form 1 (R	levised 02/2009)		Page 4
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		<u> </u>	<u></u>
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Title or Position $V = I = C = C$	2.S: i'dent	elephone number	
Banks or Other Deports afety deposit boxes or Name of Bank, Deposit		h the committee deposits f	unds, holds accounts, rents
<u> </u>		<u>i</u>	
Mailing Address	hand and a standard and the second		
		<u>í.i.i.i.</u> l.l.l.l.	
	CITY	STATE	
			ZIP CODE
Name of Bank, Deposit	tory, etc.		ZIP CODE
Name of Bank, Deposi			
Name of Bank, Deposit			
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.			
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Next Busir	ness Day Delivery		
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PREPARER (8/2013)	DATE PREPARED		