20-10 - 07 - 02 - 002-15599

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

2018 JHL US 2011 AH 9: 35

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
american Fr	eedom Party	National G	smailtee.	
<u> </u>		, , , , , , , , , , , , , , , , , , ,		
ADDRESS (number and street)	1350 S. Fi	queroa, st. s	#190	
(Check if address is changed)			1.	
•	LOS Angel	<i>es</i>	STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	Johnson@1	-os Law, com	<u>. </u>	
•	Optional Second E-Mail Ad	ddress		1
		111111	1 1 1 1 1 1 1	
COMMITTEE'S WEB PAGE AD		ν Λ		
(Check if address is changed)	[american]	sind position. C	OM .	
		<u> </u>		
2. DATE	2018			
3. FEC IDENTIFICATION N	UMBER ▶ CCC	0518969		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	his Statement and to the bes	at of my knowledge and belief	it is true, correct and co	omplete.
Type or Print Name of Treasure	or John Abarr			
Signature of Treasurer	John Man		Date 06	07 2018
NOTE: Submission of false, erron		n may subject the person signing		nalties of 52 U.S.C. §30109
Office Use Only		For further Information Federal Election Commit Toll Free 800-424-9530	ssion	EC FORM 1 Revised 06/2012)

5.

	0 1 0.	Tage 2
		DMMITTEE .
Candi	date	Committee:
(a)	e f	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 of Candida		
Candida Party A		Office State Senate President District
(c)	yeass) Transf	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name o Candida		
Party	Com	mittee: American Freedom Party (National State) (Democratic
(d)	X	This committee is a National, State or subordinate) committee of the Republican, etc.) Party.
Politic	al A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)	4	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.)
Joint F	Fund	raising Representative:
(g)	and a	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)	Panes E	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.	
		English and the second of the

Write or Type Committee Name Amen (an Freedom Park Nadio Com 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Représentative, or Leadership PAC Spo Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records. Full Name Mailing Address Aggustian Address Mailing Address	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Représentative, or Leadership PAC Spo Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records. Full Name Mailing Address	m, fy
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Représentative, or Leadership PAC Spo CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records. Full Name Mailing Address	
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Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of cobooks and records. Full Name Mailing Address Address	
books and records. Full Name Mailing Address Sign Sign Sign Sign Sign Sign Sign Sign	Sponsor
Mailing Address 350 5 5 5 479	ommittee
	<u>i </u>
Los Angelas (4) [50-7/]-[1 1
143 Angelia 16 1907/1-1	
	<u> </u>
Title or Position CITY STATE ZIP CODE	
Telephone number 213 - 621 - 39	Cus
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	ess of
Full Name of Treasurer	
Mailing Address L3JO, S., P. WANE, ST. 7 190	
Las Angeles 1 1/2 19057/11	
CITY STATE ZIP CODE	
Title or Position Telephone number 213 - 621 - 3	

FEC Form 1 (Revise	ed 02/2009)		Page 4
Full Name of Designated Agent	Jilliam D. Jshn	10~	
Mailing Address	1350,5-1176	marsa St. F	£ 193
	LA		9034/1-
Title or Position,	CITY	STATE	ZIP CODE
Lichair	An, I I I I I I	Telephone number 2/1	3000
Banks or Other Depositor safety deposit boxes or ma Name of Bank, Depository,		which the committee deposits fu	nds, holds accounts, rents
\mathcal{U}	S Bank	<u>. </u>	<u> </u>
Mailing Address	633W5K	<u></u>	<u>.illlllll</u>
	LL 25 Angalia	<u> </u>	700711-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE
			· · · · · · · · · · · · · · · · · · ·

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ___

5(g)	or(h). Joint Fundraisi i	ng Participant:			
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	2.	-		FEC ID number	Control of specifical feet of a color of a color of the c
	3. 1 1 1 1 1			FEC ID number	Commence of the second of the
	4			FEC ID number	Consider the an effect of the street and
6.	Name of Any Connected	l Organization, Affiliate	ed Committee, Joint Fund	raising Representativ	e, or Leadership PAC Sponsor
				<u> </u>	
	Mailing Address	<u> </u>	<u> </u>		
	Relationship:		CITY A	STATE A	ZIP CODE ▲
8.	Designated Agent: Identif	fy by name, address (p	hone number – optional)		1 1 1 1 1 1 1 1 1 1 1
			S FIAW	ense ste	# 190
	Mailing Address		<u> </u>		
	Mailing Address				
	Mailing Address	Lasia	ny les	-	Gasal -
	Mailing Address TITLE OR POSITION	350 Las A	CITY A	STATE A	ZIP CODE A
	·		,	STATE A	ZIP CODE A
9.	TITLE OR POSITION	ories: List all banks or	<u> </u>	STATE ▲	
9.	TITLE OR POSITION	ories: List all banks or	<u> </u>	STATE A Telephone Number	21316211-3200
9.	Banks or Other Deposits safety deposit boxes or m	ories: List all banks or	<u> </u>	STATE A Telephone Number	ts funds, holds accounts, rents
9.	Banks or Other Deposite safety deposit boxes or months of Bank, Depository, etc.	ories: List all banks or	other depositories in which	STATE A Telephone Number	ts funds, holds accounts, rents
9.	Banks or Other Deposite safety deposit boxes or months of Bank, Depository, etc.	ories: List all banks or	other depositories in which	STATE A Telephone Number	ts funds, holds accounts, rents

Washington, D.C. 20463 Federal Election Commission 1050 First Street N.E.

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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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Received from Electronic I	Filing Office		Date of Receipt	
Other (Specify):		Date of Recei	pt or Postmarked	
gn.L.		•	7-2-18	
PREPARER			DATE PREPARED	
(3/2015)				