

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 2015 DEC 21 AM 8:24

NAME OF COMMITTEE (In Full) FREEDOM COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00547984
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Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee USCMDR CHISESI Diane Treasurer <small>(MEMO ITEM) Business Expense, WRIGHT USA</small>		
Mailing Address PO BOX 6936		
City Colorado Springs	State CO	Zip Code 80934
Purpose of Expenditure Business Expense, Ins Premium	Category/ Type 24	

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 12 / 06 / 2015
Amount 292.00
Transaction ID : WFT201510291114-1
Date of Disbursement or Obligation M M / D D / Y Y Y Y 11 / 29 / 2015

Name of Federal Candidate Ms. Chisesi M. Diane Pres Elect	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	2015.00

Office Sought: <input type="checkbox"/> House District: 5
<input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ Business Expenses

Full Name of Payee		
Mailing Address		
City	State	Zip Code
Purpose of Expenditure	Category/ Type	

Date of Public Distribution/Dissemination M M / D D / Y Y Y Y
Amount
Date of Disbursement or Obligation M M / D D / Y Y Y Y

Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought	

Office Sought: <input type="checkbox"/> House District: _____
<input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Miss Chisesi M. Diane Pres. Elec

 Signature

Date M M / D D / Y Y Y Y
 11 29 2015

20151221 09:00:00

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

NAME OF COMMITTEE (In Full) FREEDOM COMMITTEE	FEC IDENTIFICATION NUMBER C C00547984
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Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee FREEDOM COMMITTEE <small>(MEMO ITEM) Business Expense, 41 Days</small>		Date of Public Distribution/Dissemination 11 / 26 / 2015	
Mailing Address PO BOX 6936		Amount 2869999.59	
City COLORADO SPRINGS	State CO	Zip Code 80934	Transaction ID : WFT201510261046-1
Purpose of Expenditure Business Expense,	Category/Type 48	Date of Disbursement or Obligation 11 / 26 / 2015	
Name of Federal Candidate Miss Chisesi M. Diane Pres. Elec	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>5</u> State: <u>WA</u>
Calendar Year-To-Date Per Election for Office Sought	2016.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure	Category/Type	M M / D D / Y Y Y Y	
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	0.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Miss Chisesi Diane Pres.Elec

Signature _____ Date 11 / 26 / 2015

201511261046-1

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <div style="text-align: center; font-size: 1.2em;">12/10/15</div> Date of Receipt <div style="text-align: center; font-size: 1.2em;">12/21/15</div>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER

12/21/15
 DATE PREPARED

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