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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVEDT
2012 DEC 19 AMII: 17
EEC MAIL CENTER

	· · · · · · · · · · · · · · · · · · ·			Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12Fe4M5		
First in Freedom	PAC		<u> </u>		
		111111			
ADDRESS (number and street)	PO Box 6507				
(Check if address is changed)	Concord		NC	28027	
	(CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)			
Charlett address	sk.FirstInFree	dom@gmail.co	<u>m</u>		
(Check if address is changed)					
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address					
is changed)			1.1.1.1.1.		
2. DATE 12" 17° 12012"					
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct	and complete.	
The an Brist Name of Transcore	Shawn M. Ko	ocher			
Type or Print Name of Treasure	5011				
Signature of Treasurer	J CM Kore		Date 12	171 2012	
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 Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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	COMMITTEE				
[te 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 of Candidate					
Candidate Party Affilia	Office State Senate President District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	ommittee:				
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
Political	Action 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) ×	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 Fu	ndraising Representative:				
_	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political				
(g)	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.				
Co	ommittees Participating in Joint Fundraiser				
1.					
••					
2.	FEC ID number				
3.					
4.					

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Write or Type Committee Na		rage 3
First in Freedo		
	ed Organization, Affiliated Committee, Joint Fundraising Representat	ive, or Leadership PAC Sponsor
-		, or accessing a rid openion
Richard L. Hu	qsρη,;Jr.	
	111111111111	
Mailing Address	PO Box 6507	
		<u> </u>
		[28027,]-[, , ,]
	CITY STATE	
Relationship: Conne	octed Organization Affiliated Committee Joint Fundraising Represent	entative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of th	ne person in possession of committee
Full Name Sha	wn Μ. Kocher	<u> </u>
Mailing Address	508 Geary Street NW	
maning Addiess		
	Concord	128027
Title or Position	CITY STATE	
Custodian of R		
8. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the commit g., assistant treasurer).	ttee; and the name and address of
Full Name Sha	awn M. Kocher	
Mailing Address	508 Geary Street NW	
	Concord	28027
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

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CITY

STATE

FEC Form 1 (Revised 02/2009)

Name of Bank, Depository, etc.

Mailing Address

Full Name of

N 00

ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify): いりこ	Shipping Date				
Next Busine	ss 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				
Other (Specify):	Receipt or Postmarked				
Jub	12/15/1-				
PREPARER (3/2005)	DATÉ PREPARED				