Image# 201607289021958575				07/28/2016 16 : 34
FEC FORM 1	STATEMEN ORGANIZA	-		PAGE 1 / 5
			Office	Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	-
Socially Liberal Fi			Committee	Incorporated
ADDRESS (number and street)	P.O. Box 960292			
(Check if address				
is changed)	Boston		MA 02196	
			L⊥⊥ L⊥⊥ STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	rjlyman@solifico.org			
is changed)				
	Optional Second E-Mail Addre	9 <b>SS</b>		
COMMITTEE'S WEB PAGE ADI	www.solifico.org			
is changed)				
2. DATE 07 28				
3. FEC IDENTIFICATION NU	JMBER ► C COO	622597		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best of	my knowledge and belief it is	true, correct and co	mplete.
T	r R.J. Lyman			
Type or Print Name of Treasure				
Signature of Treasurer	yman	[Electronically Filed]	Date 07	28 / Y Y Y Y 2016
NOTE: Submission of false, errone	eous, or incomplete information ma			nalties of 2 U.S.C. §437g.
Office		For further information con		EC FORM 1
Use Only		Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		Revised 06/2012)

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FEG	C Form 1 (Revised 02/2009)	Page <b>2</b>			
TYPE C	DF COMMITTEE				
Candi	date 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. (Con information below.)	nplete the candidate			
Name o Candida					
Candida Party At	01100	State			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name o Candida					
Party	Committee:				
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party			
Politic	al Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	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	Fundraising Representative:				
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political			
(	Committees Participating in Joint Fundraiser				
	1 FEC ID number C				
2	2 FEC ID number C				
:	3 FEC ID number C				
4	4.				

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Socially Liberal Fiscally Conservative Political Action Committee Incorporated

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE					
Mailing Address					
	CITY	STATE	ZIP CODE		
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

R.J. Lymar	1
Full Name	
Mailing Address	P.O. Box 960292
	Boston MA 02196
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	R.J. Lyman
Mailing Address	P.O. Box 960292
	Boston
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated Agent	Shauna Polk					
Mailing Address		e, NW				
	Suite 1100					
	Washington				20005	
		CITY		STATE		ZIP CODE
Title or Position Assistant Treasu	rer		Telephor	ne number	202	429

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Citizen	s Bank		
Mailing Address	One Citizens Drive		
	Riverside	RI	02915
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

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.

Form/Schedule: Transaction ID: