FEC RECEIVED MAIL CENTER 2015 DEC -9 AM 11: 34

Committee Name:	
tarming	treedom
If registered, FEC ID:	· · · · · · · · · · · · · · · · · · ·
Today's Date:	

2015

Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

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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: Dal Treasurer

FEC FORM 1	STATEMENT ORGANIZAT	_	RECEIVED FEC MAIL CENTER 2015 DEC -9 MMJI: 34	
1. NAME OF COMMITTEE (in		kample: If typing, type /er the lines.	12FE4M5	
Farming	Frieledom	1 1 1.1 1.1.1.1.1.		
	d street) 16791 NE 8	$A_{V}e_{1}$		
ADDRESS (number a	ddress		······································	
is changed	Morth Milaimi	Breach	IFIU 33162-	
COMMITTEE'S E-MA	IL ADDRESS	<u>,</u>		
(Chẹck if a is changed	Optional Second E-Mail Address	<u>Pifarmine</u>	freedom. (com.)	
		<u> </u>		
COMMITTEE'S WEB	PAGE ADDRESS (URL) ddress) L_L_L_L_L_L_L_L	eedomu (10		
3. FEC IDENTIFICATION NUMBER ►				
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.				
Type or Print Name of Treasurer James Ball				
Signature of Treasure	· _ Guld		Date 12015	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use Only		For further information con Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		

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5. TYPE OF	COMMITTEE
Candida	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	ation Office Sought: House 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
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(1)	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:
(g)	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)	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.	
3.	
4.	

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Write or Type Committee Name				
Farming Freedom				
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor			
Now at the test of test				
Mailing Address				
CITY STATE	ZIP CODE			
Relationship: 🔲 Connected Organization 🌐 Affiliated Committee 🗍 Joint Fundraising Representative 🗍 Leadership PAC Sponso				
 Custodian of Records: Identify by name, address (phone number – optional) and position of the person books and records. 	in possession of committee			
Full Name James Bell				
Mailing Address 16.7.9.1.10E.8.Ave				
North Miami, Brach IFU 13	33162-1			
Title or Position CITY STATE	ZIP CODE			
Treasurer JBB	-15,5,6-17,9,73			
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer). 	he name and address of			
of Treasurer Dames Ball				
Mailing Address $167911NE8Ave1111111$				
North Miami Beach 1 1FU 13	31621-1			
CITY STATE				

7.86-1556-17.9.73

Telephone number

Title or Position

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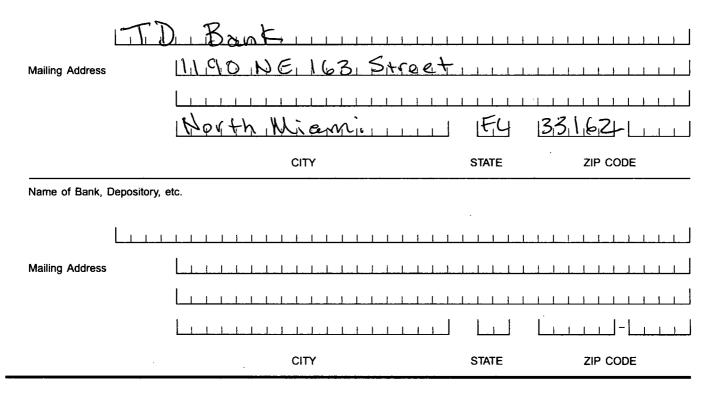
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9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.



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