RECEIVED

2015 OCT -2 AM 10: 23

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Committee Name:

Liberty & Freedom PAC

If registered, FEC ID:

Today's Date:

20-5-10-02:03:00024652

9/24/2015

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

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: John T. Mathew Treasurer

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FLC MAIL CENTER 2015 OCT -2 AM 10: 23 Office Use Only		
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, typ is changed) over the lines.	0e 12FE4M5		
$L_1 I_1 \mathcal{B}_1 \mathcal{E}_1 \mathcal{R}_1 \mathcal{T}_1 \mathcal{Y}_1 \mathcal{A}_1$	ND FREEDOM PAC			
ADDRESS (number and street	1801 SIMILCHIGAN A	$\mathbf{v}_{\mathbf{e}}$		
(Check if address is changed)	$ U_{ N } _{1}T_{ 1 }0_{1}T_{ 1 }$			
		I I </td		
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	INFOCLIBERTYANDFR	$E_1 E_1 D_1 O_1 M_1 P_1 A_1 C_1 \cdot O_1 R_1 G_1 + 1 + 1$		
is changedy	Optional Second E-Mail Address			
(Check if address is changed)	$ \underline{\mathcal{W}}_{1} \underline{\mathcal{W}}_{1} \underline{\mathcal{W}}_{1}, \underline{\mathcal{L}}_{1} \underline{\mathcal{I}}_{1} \underline{\mathcal{B}}_{1} \underline{\mathcal{E}}_{1} \overline{\mathcal{R}}_{1} \underline{\mathcal{T}}_{1} \underline{\mathcal{T}}_{1} \underline{\mathcal{A}}_{1} \underline{\mathcal{N}}_{1} \underline{\mathcal{D}}_{1} \overline{\mathcal{F}}_{1} \underline{\mathcal{R}}_{1} \underline{\mathcal{E}}_{1} $	EDOMPACIORG		
2. DATE 10	01 2015			
3. FEC IDENTIFICATION NUMBER ►				
4. IS THIS STATEMENT		(A)		
I certify that I have examine	d this Statement and to the best of my knowledge and be	elief it is true, correct and complete.		
Type or Print Name of Treas	urer John 7 Mathe	<u>ى</u>		
Signature of Treasurer				
NOTE: Submission of false, erromeous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.				
Office Use Only	For further informa Federal Election Cor Toll Free 800-424-95 Local 202-694-1100	ation contact: mmission 530 (Revised 06/2012)		

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FEC	Form	1	(Revised)	02/2009	

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Write or Type Committee Name

6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
L					
L					
	Mailing Address				
		CITY STATE ZIP CODE			
	Relationship: Connected	Organization Affiliated Committee			
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in possession of committee			
	Full Name	[1, T, M, A, T, H, E, W, I,			
	Mailing Address	1801 SINICHIGAN AVE			
		$[\bigcup_{i} N_{i} I_{i} T_{i} + I_{i} O_{i} T_{i} + I_{i} + I_{i}$			
		$C_{1}H_{1}C_{1}A_{1}G_{1}O_{1}$			
	Title or Position	CITY STATE ZIP CODE			
	$C_{1}U_{1}S_{1}T_{1}O_{1}D_{1}I_{1}A_{1}N_{1}$				
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the name and address of ssistant treasurer).			
	Full Name of Treasurer	[, T, M] A T H E W			
	Mailing Address	1801 SMICHIGAN AVE			
		$\left[U_{1}N_{1}I_{1}T_{1}+I_{1}O_{1}T_{1}+I_{1$			
	Title or Desition	CITY STATE ZIP CODE			
1	Title or Position $T_1 R_1 R_1 A_1 S_1 U_1 R_1 E_1 R_1$	Telephone number $3_{12} - 3_{18} - 1_{00}$			
Ļ	-				

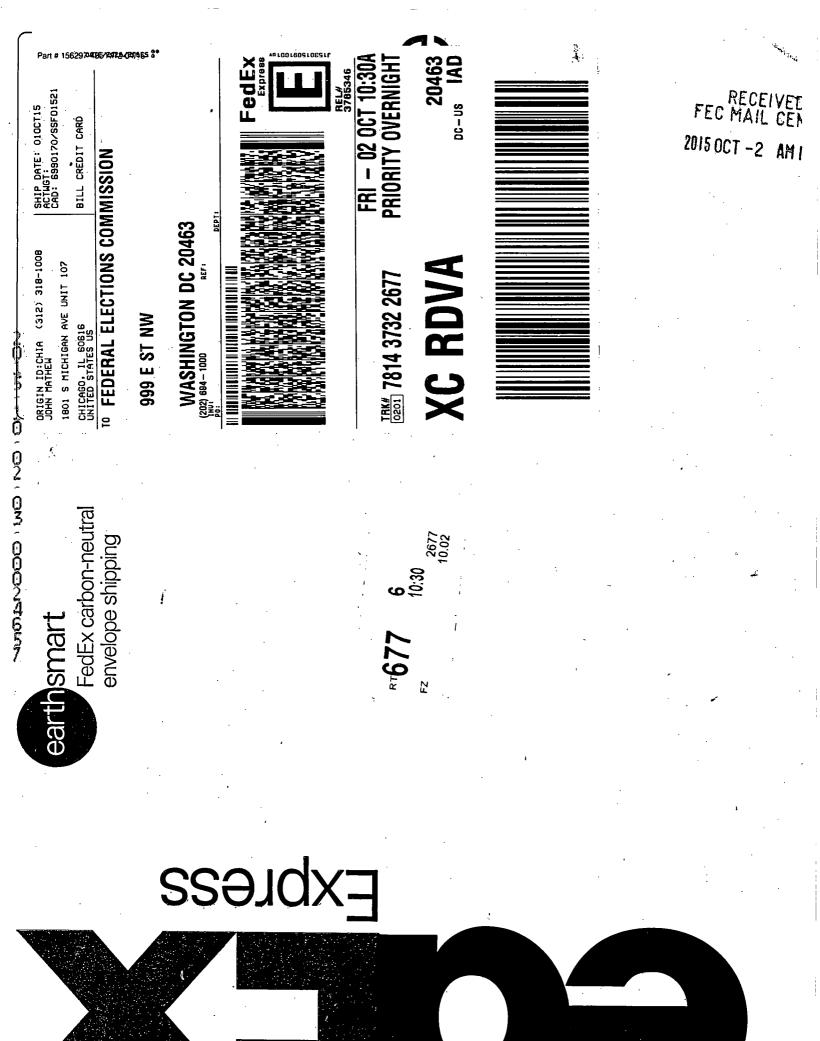
			-		
FEC Form 1 (Revis	ed 02/2009)		Page 4		
Full Name of Designated Agent	. <u>i l. i. i. i. J. J. I. I.</u>				
Mailing Address		<u></u>			
		STATE			
Title or Position					
	Telephone r	umber 🔶			
	· · · · ·				
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc.					
BINO	HARRIS	. I . I . I . I . I			
Mailing Address	LIII N. LASALLE ST.				
	ICH, I, C, AG, O,	TL	$b_{1}b_{1}b_{1}b_{1}b_{1}3$ - $b_{1}b_{1}b_{1}b_{1}b_{1}b_{1}b_{1}b_{1}$		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository,	etc.		· · · · · · · · · · · · · · · · · · ·		
· .					
L _{m-L} t					
Mailing Address		<u> </u>			
	CITY	STATE	ZIP CODE		

9.

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FEC Form 1 (Revised 02/2009)

5.	TYPE OF COMMITTEE						
	Cano	didate	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. (Complete the candidate information below.)				
	Name Candi						
	Candi Party	idate Affiliati	on Office State State State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name Candi						
	Party	y Con	nmittee:				
	(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:				
	(-/	Ban ii	Corporation Corporation w/o Capital Stock				
			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	Fund	Iraising 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.				
1	(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.				
		Com	mittees Participating in Joint Fundraiser				
		1.					
		2.					
		З.					
		4.					



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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Postmark Illegible			
No Postmark			
Overnight Delivery Service (Specify): Fed 6x	Shipping Date		
Next Business [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		
Date of Rec	eipt or Postmarked		
PREPARER	10/2/15 DATE PREPARED		
(3/2015)			