12030821694

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 JUNII AMII: 55
FEGGMAU, CENTER

		·		1 40	HICE USE Only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	9
DEFENDING	LIB	ERTY ,		<u> </u>	
				<u> </u>	
ADDRESS (number and street)	Po	BOX 30	1.765		
(Check if address					
is changed)	Au	5,7,1,4	<u> </u>	TX ?	8,7,0,3,-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Plea	se provide only one e-i	mail address)		
		_	ENDINGLIE	BRTY.OR	<u> </u>
(Check if address is changed)	L			-	
				,	
COMMITTEE'S WEB PAGE AD	DRESS	(URL)	•		
(Check if address is changed)	L				
2. DATE O G	6	20 (2			•
3. FEC IDENTIFICATION N	IUMBER	CG	0512533		
4. IS THIS STATEMENT	NE	W (N) OR	AMENDED (A)		
I certify that I have examined	this State	ment and to the best	of my knowledge and belief	it is true, correct an	d complete.
Type or Print Name of Treasur	er	Coby Rut	repar Minder	.	
Signature of Treasurer	M	Mo	<u> </u>	Date Ö.	66 2012
NOTE: Submission of false, error		·	may subject the person signing		penalties of 2 U.S.C. §437g.
Office Use			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

F	EC Fo	rm 1 (Revised 02/2009)	Page 2			
		COMMITTEE e Committae:				
(a)	:775 Saut	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. (Comple information below.)	te the candidate			
Name Candi			<u> </u>			
Candi Party	date Affiliati	Office Sought: House Senate President.	State District			
(c)	1998 3 3 1 1	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Party	y Con	nmittee:				
(d)			emocratic, publican, etc.) Party.			
Polit	ical A	action Committee (PAC):				
(e)	5	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:			
		Corporation Wo Capital Stock	abor Organization			
		Membership Organization Trade Association	Cooperative			
		In addition, this committee is a Lobbyist/Registrant PAC.	•			
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party			
	In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint	Func	draising Representative:	MUNICIPAL AND DESCRIPTION OF THE MANAGEMENT OF THE SECTION OF			
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
Committees Participating in Joint Fundraiser						
	1.	FEC ID number C	anganasi pambigano apromeganasi. Basadapan bersadanasika soo			
	2.	FEC ID number C	and the second s			
	3.	FEC ID number				
•	4.		ing nila an i kina <u>n anla mandé novoké serv</u> ki			
		Carportic of Areas Street	ในเกาะไรแบบ ในเมณะไรแบบ (การเกาะไร)			

120 10 1 (1.01.000	02,2000)		1 490 0
Write or Type Committee Name	9		
DEFEND	ing liberty		
6. Name of Any Connected (Organization, Affiliated Committee, Joi	nt Fundraising Representative,	or Leadership PAC Sponsor
		<u> </u>	<u> </u>
Mailing Address			
	CITY	STATE	ZIP CODE
Rolotionakia. Connecto	d Organization Affiliated Committee	S S loint Eundroining Bonrocontat	ive 3 31 andership BAC Spancer
neiationship.	d Organization	a goomerundraising nepresentat	ive E Leadership FAO Sponsor
'. Custodian of Records: Idea books and records.	ntify by name, address (phone number -	- optional) and position of the pe	rson in possession of committee
Full Name	Y = M N E N 1 L S O N		
Mailing Address	235 N. HTS.		
	CABOT	i LR	7,2,0,2,5 -
Title or Position	CITY	STATE	ZIP CODE
KECRETARY		Telephone number [5,0	0.17-17,73-18,3,8,5
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) o assistant treasurer).	f the treasurer of the committee;	and the name and address of
Full Name of Treasurer	1 RUTLEDGE WILL	5,0,7	
Mailing Address	7,1,1,10,	LMD ST.	
,	APT.ILS		
	Kustin,	الإيا الناب	78705-
Title or Position	CITY	STATE	ZIP CODE
TREASURER		Telephone number 5	7,43 - 9,6,80
	i		

9.

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Full Name of Designated Agent		<u> </u>	
Mailing Address		1 1 1 1 1	
		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position			
	Telephone n	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.			
Mailing Address	14,3,1,4, 10, BRAKER LA TA	(10101)	
		<u>i I I I I</u>	<u> </u>
	[Austin]	TX	78759-
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
. 🗀			
Mailing Address			
		11111	
		نـــا	
	CITY	STATE	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 Conf	irmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess 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
1mp	6/11/12
PREPARER (3/2005)	DATE PREPARED
(UIZUU)	