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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lone Star Liberty PO Box 26141 ADDRESS (number and street) (Check if address is changed) Alexandria 22313 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .chris@electioncfo.com (Check if address is changed) Optional Second E-Mail Address brenda@electioncfo.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00629931 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Marston, Chris, , , Type or Print Name of Treasurer Marston, Chris,,, [Electronically Filed] 12 13 2016 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE O	F COMMITTEE	. ugo <b>=</b>
Candid	ate 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 of Candidat	e	
Candidat Party Aff		State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [	
Party C	committee:	(Damas : '
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nnected 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 secommittee. (i.e., nonconnected committee)	egregated 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 F	ındraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
C	ommittees Participating in Joint Fundraiser	
1	L L L L L L L L L L L L L L L L L L L	
2	FEC ID number	
3	FEC ID number	
4		

FEC Form 1 (Davis	and 02/2009)	Dogo ?
FEC Form 1 (Revis		Page <b>3</b>
Lone Star Lib		
	ed Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
	ca organization, Anniated Committee, John Fundralsing Representative,	or readership two shouson
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representat	ive Leadership PAC Sponsor
7. <b>Custodian of Records:</b> books and records.	Identify by name, address (phone number optional) and position of the pe	rson in possession of committee
	ns, Brenda, , ,	
Full Name	PO Box 26141	
Mailing Address		
	, Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
8. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; .g., assistant treasurer).	and the name and address of
Full Name Marsto	on, Chris, , ,	
Mailing Address	PO Box 26141	
	Alexandria	22313
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	

FF(, FOR	m 1 (Paying 0.2/2000)	Dogo 4
1 20 1 011	m 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
		-
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
	oxes or maintains funds.	
Name of Bank,	Chain Bridge Bank, NA	
Name of Bank,  Mailing Address	Chain Bridge Bank, NA	
	Chain Bridge Bank, NA	01
	Chain Bridge Bank, NA  1445-A Laughlin Ave	01
	Chain Bridge Bank, NA  1445-A Laughlin Ave  McLean  CITY  STATE	
Mailing Address	Chain Bridge Bank, NA  1445-A Laughlin Ave  McLean  CITY  STATE	ZIP CODE
Mailing Address	Chain Bridge Bank, NA  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank,	Chain Bridge Bank, NA  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	ZIP CODE
Mailing Address  Name of Bank,	Chain Bridge Bank, NA  1445-A Laughlin Ave  McLean  CITY  STATE  Depository, etc.	ZIP CODE

## : 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

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: