RECEIVED FEC MAIL CENTER 2016 MAR 21 AM 7: 22

Committee Name:	
TREE OF LIBERTY	
If registered, FEC ID:	
Today's Date:	
03/15/16	

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: Ashley Joshus How tos It-Treasurer

20-16 - 0N - 2- 0N - 000-160040

FEC FORM 1	STATEMENT OF ORGANIZATION	RECEIVED FEC MAUNCENTER
1. NAME OF COMMITTEE (ir	n full) (Check if name Example: If typing, type over the lines.	12FE4M516 MAR 21 AM 7: 22
TREE OF	LIBERTY	
	Ind street) 2209 , $VANCeAVe$	<u> </u>
ADDRESS (number a (Check if a is changed	address	
	$\frac{[C_1 h_1 g_1 f_1 f_1 g_1 m_0, org_1 g_1]}{CITY}$	<u>Т, М</u> <u>З,7,4,0,4</u>]- STATE ▲ ZIP CODE ▲
COMMITTEE'S E-M	AIL ADDRESS	
(Check if is change	address 12, 10, 5, hu, 2, h, 2, W, & S, C, g, M, 2, i, 1, i	$C_0/4$
	Optional Second E-Mail Address	
COMMITTEE'S WEE		<u></u>
2. DATE	STOZ ET E	
3. FEC IDENTIFI		
4. IS THIS STATE		
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 Ashley J. Hawtes II	· · · · · · · · · · · · · · · · · · ·
Signature of Treasur	er de that	Date 03'15'2016
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing the ANY CHANGE IN INFORMATION SHOULD BE REPORTED V	
Office Use Only	For further information or Federal Election Commissio Toll Free 800-424-9530 Vocal 202-694-1100	

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FEC	Form	1	(Revised	02/2009)
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5.	TYPE OF COMMITTEE					
	Candidate Committee:					
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)			
	(b)	C	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)			
	Name Candi		Ashley J. Hawks II.			
	Candi Party	date Affiliatio	n G-OP Office Sought: House Senate Resident District			
	(c)	X	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name Candi					
	Part	v Com	mittee: National			
	(d)	Ø	This committee is a for subordinate) committee of the COP Republican, etc.) Party.			
	Polit	ical A	ction Committee (PAC):			
	(e)	(interest)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:			
	(6)	X	Mis committee is a separate segregated with the organization of the committee organization is a committee organization is a committee organization is a committee organization is a committee organization of the committee organization organization is a committee organization organiz			
			Membership Organization Trade Association Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
		2.000				
	(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 Fundraising Representative:					
	(g)	O	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.			
	Committees Participating in Joint Fundraiser					
		1.				
		2.				
		3.				
		4.				

FEC Form 1 (Revised 02/2009)

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Full Name of	t i		
Designated			
Agent		<u>↓↓↓↓↓_</u>	
Mailing Address			
		<u>I., I. I. I. I. I. I. I. I. I.</u>	
Title or Position			
	T	elephone number	• [] - []
safety deposit boxes Name of Bank, Dep	s or maintains funds. pository, etc.		
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FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name	, .			
6. Name of Any Connected O	organization, Affiliated Committe	ee, Joint Fundraising R	epresentative, or Le	eadership PAC Sponsor
Mailing Address				
	CITY	ā	STATE	ZIP CODE
Relationship: 🚺 Connected	d Organization 🔲 Affiliated Comn	nittee 🚺 Joint Fundrais	ing Representative	Leadership PAC Sponso
books and records.	ntify by name, address (phone nu Joshus			
	Lieivi the Haine ts	<u>II</u>		
Mailing Address	ZZOJY VIZNICE	AVEL		
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	C, h, 2, t, t, 2, n, 0, 0 g	ê	TM B	40.4-111
Title or Position	CITY		STATE	
Reprinsient	ativa	Telephone	number 3,34	1-1430-0598
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optic assistant treasurer).	onal) of the treasurer of	the committee; and	the name and address of
Full Name of Treasurer		.] .] .] .] .] .] .]		
Mailing Address			<u>]</u>	
SAMe				
Title or Position		Telephone I	number i	_ , , _ , , .
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Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt 3/21/2016
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	· Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PREPARER ///	3/21/2016 DATE PREPARED