American Freedom Party Suite 190 350 S. Figueroa St. Los Angeles, CA 90071 RECEIVED FEC MAIL CENTER

May 16. 2019

2019 JUN _4 AM 9: 40

Federal Elections Commission 1050 First St. NE Washington DC 20002

Registered Mail return receipt

Gentlemen,

The requests of this correspondence are made in conformity with the "The Freedom of Information Act", U. S. C. Para. 552 in accordance with which, ico Obligation of Response is 20-Days.

The American Freedom Party will be applying for FEC certification as a political Party for the United States of America. In order for the Party to meet FEC legal requirements for certification, we require the FEC to forward to us, post haste, within the 20 days as allocated by statute, the exact requirements necessary to comply for FEC full certification for the 2020 election cycle.

We request that the provided FEC requirements as provided by the FEC be irrevocable and used and applied to all applying, or already approved ,political Parties equally for the 2020 presidential Election Cycle.

The Party has appointed:

Mr. Charles E. Lincoln III

224 Wallnut St.

New Orleans LA 70118

To file the required papers for FEC certification. Please forward the FEC requirements for certification directly to our Party Treasurer Charles Lincoln.

Walnut Street

Respectfully:

Mr. William Johnson Esq.

Chairman American Freedom Party

LA, CA, 90071

CC:

Charles Lincoln

Dr. A. H. Krieg

Rick Tyler AFP presidential candidate 2020

FEC FORM 1

Only

STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER

NAME OF Example: If typing, type (Check if name COMMITTEE (in full) is changed) over the lines. lAmerican Finerdom Party National Committee Street ADDRESS (number and street) (Check if address is changed) 2019 COMMITTEE'S E-MAIL ADDRESS (Check if address Charles, R. Lincoln @ is changed) 04-05 Optional Second E-Mail Address DOWN SOUTH COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address merican 3rd position, com is changed) DATE C005 FEC IDENTIFICATION NUMBER > OR AMENDED (A) IS THIS STATEMENT NEW (N) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Old Treasures: Type or Print Name of Treasurer Signature of Treasurer 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 For further information contact: **FEC FORM 1** Federal Flection Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FEC Fo	m 1 (Revised 02/2009)	Page 2					
		OMMITTEE						
	12: OZ	Committee:						
(a)	Same:	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)							
	me of ndidate							
	ndidate rty Affiliati	Office Sought: House Senate President	State District					
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	and various accounts					
	me of ndidate							
Pa	rty Con	nmittee:						
(d)			Democratic, depublican, etc.) Party.					
Political Action Committee (PAC):								
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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)	(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.)						
Joi	int Func	raising Representative:						
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political					
4.1	me c	committees/organizations, at least one of which is an authorized committee of a federal candidate.	.Per I					
(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.	FEC ID number C						
	2.		s sangs-benges - mg was speningen name manifes malanta speningsagandon can					
	3.							
	4.							

FEC Form 1 (Revised	1 02/2009)	Page 3						
Write or Type Committee Name								
American	Freedom Party National Commit	Her						
	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leade							
Mailing Address								
	- []]]]]]]]]]							
		, ,] - , , ;						
	CITY STATE	ZIP CODE						
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	.eadership PAC Sponsor						
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.								
Full Name Robert DePasquale								
Mailing Address	2585 Broadway # 245							
•								
	Wew York MY 10	0028-						
Title or Position	CITY STATE	ZIP CODE						
Littleasurer	Telephone number 504 - [777-2031						
Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).								
of Treasurer Charles E. Lingson								
Mailing Address	1224 Walnut street							
·	New Orleans LA 70	ZIP CODE						
Title or Position		ZIF COUE						
Trashre	Telephone number 504-	7771-[502]						

FEC Form 1 (Revised 02/2009)		Page 4
Full Name of Designated Agent	harles Eilincoln	· 	
Mailing Address	1224 Walnut street		
		1_1_	
	CITY ST	ATE	70 118 - LIP CODE
Title or Position	Telephone numbe	r <u>[</u>	5041-7771-150
	ositories: List all banks or other depositories in which the committee or maintains funds.	deposits	funds, holds accounts, rent
safety deposit boxes of Name of Bank, Depos	or maintains funds.	deposits	funds, holds accounts, rent
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Safety deposit boxes of Name of Bank, Deposition Mailing Address	r maintains funds. Sitory, etc. Solvey Pines Bank GOI W. 5th St. #10 LDS Angeler CITY ST	0 	70071-

CITY

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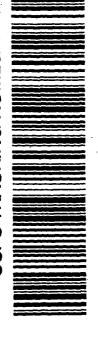
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EP14F July 2013

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