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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 × COMMITTEE (in full) is changed) over the lines. The Center for Freethought Equality Fund PAC 1777 T Street NW ADDRESS (number and street) (Check if address is changed) Washington 20009 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS pac@freethoughtequality.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) freethoughtequality.org (Check if address is changed) DATE 04 2015 C00545202 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. Jason Torpy Type or Print Name of Treasurer Jason Torpy [Electronically Filed] 05 2015 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

	EEC Ea	rm 1 (Pavisad 02/2000)	Page <b>2</b>
		om 1 (Revised 02/2009) OMMITTEE	raye <b>Z</b>
Car	ndidate	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. (Cominformation below.)	nplete the candidate
	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Can	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		X 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 scommittee. (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.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

	_			_
_	FEC Form 1 (Revised	,		Page <b>3</b>
	Write or Type Committee Name		E 1040	
_	The Center for	Freethought Equality	Fund PAC	
6.	Name of Any Connected (	Organization, Affiliated Committee, Joint	Fundraising Representative, or Le	adership PAC Sponsor
Ţ	he Center for Freeth	ought Equality		
ı				
		1777 T Street NW		
	Mailing Address			
		Washington	DC 200	009
		Washington		
		CITY	STATE	ZIP CODE
	Relationship: X Connecte	d Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number	optional) and position of the person	in possession of committee
	Roy Spec	khardt		
	Full Name	,1777 T Street NW		
	Mailing Address			
		Washington	DC20	009
	Title or Position	CITY	STATE	ZIP CODE
	Custodian of Records		Telephone number 202	- 238 - 9088
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of t assistant treasurer).	he treasurer of the committee; and t	he name and address of
	Full Name Jason Torn of Treasurer	ру 		
	Mailing Address	1777 T Street NW		
		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		ı Washington	DC    20	009
		CITY	STATE	ZIP CODE
	Title or Position , Treasurer	OHT		
			Telephone number 202	- 656 - 6223

Full Name of Designated Agent	Rebecca Hale	
Mailing Address	6158 Briarcliff Road	
	Colorado Springs  CITY  CITY  STATE  ZIF	P CODE
Title or Position President		2 - 3907
Banks or Other D safety deposit box	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds are or maintains funds.	ccounts, rents
Name of Bank, De		
	epository, etc.	
L	PNC Bank  1913 Massachusetts Ave. NW	
L	PNC Bank  1913 Massachusetts Ave. NW	
L	PNC Bank  1913 Massachusetts Ave. NW  Washington  DC 20036	P CODE
L	PNC Bank  1913 Massachusetts Ave. NW  Washington  CITY  STATE  ZIF	P CODE
Mailing Address	PNC Bank  1913 Massachusetts Ave. NW  Washington  CITY  STATE  ZIF	P CODE
Mailing Address	PNC Bank  1913 Massachusetts Ave. NW  Washington  CITY  STATE  ZIF	P CODE
Mailing Address  Name of Bank, De	PNC Bank  1913 Massachusetts Ave. NW  Washington  CITY  STATE  ZIF	P CODE
Mailing Address  Name of Bank, De	PNC Bank  1913 Massachusetts Ave. NW  Washington  CITY  STATE  ZIF	P CODE

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## : 97 'A = G7 9 @ G B9 CI G'H9 LH F 9 @ 5 H9 8 'HC '5 'F 9 DC F HZ G7 < 98 I @ 'C F '+ H9 A = N5 H= C B

Form/Schedule: F1N Transaction ID:

This amendment is being filed to update the Committees's name and the Connected Organization's name. It is being filed as a new report because the original F1N was not filed electronically. Please update your records accordingly.

Form/Schedule: Transaction ID:

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 6 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Amanda Knief Full Name 16 South Avenue Mailing Address Cranford 07016 NJ Title or Position CITY # **STATE** ZIP CODE **Board Member** 202 495 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant С FEC ID number

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address **CITY** STATE . ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Debbie Allen Full Name 700 Front Street Mailing Address APT 2701 San Diego CA 92101 Title or Position CITY # **STATE** ZIP CODE **Board Member** 619 Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number