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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

								Office Us	se Only	
1.	NAME OF COMMITTEE (in full)	TYPE OR P	RINT ▼		mple: If typir r the lines.	ng, type	12FE4M	5		
F	reedom and Prosperit	y #2						1 1 1 1	1 1	1
_										
AD	DRESS (number and street)	PO Box 98	34							
ř	Check if different									
ŀ	than previously reported. (ACC)	Willows					CA	95988	-0984	
2.	FEC IDENTIFICATION NUI	MBER ▼		CITY ▲		5	STATE 🛦		ZIP COI	DE 🛦
	C C00515932		3	B. IS THIS REPORT		NEW OR		MENDED A)		
4.	TYPE OF REPORT (Choose One)	(b) Mont	rt	Feb 20 (M2)	_ r	May 20 (M5)	Au	g 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)	Se	p 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	Aud 45			Apr 20 (M4)		Jul 20 (M7)	Oc	t 20 (M10)		Jan 31 (YE)
	April 15 Quarterly Report (Q1) (c)	 12-Day	П	Primary (12P)	Genera	l (12G)	П	Runoff (12R)
	July 15 Quarterly Report (Q2	2)	PRE-Election				4		ш.	,
	Cupytorly Banari (OS		Report for th	e:	Convention (12C)	Special	(128)		
	Quarterly Report (Q3 January 31 Year-End Report (YE		El	ection on	M M /	D D /	Y	Y	in the State of	
	July 31 Mid-Year Report (Non-election Year Only) (MY)		30-Day POST-Election		General (300	B)	Runoff	(30R)		Special (30S)
	Termination Report (TER)		Report for th	e:	M = M /	D D /	Y Y Y	Y	in the	
	(ILII)		EI	ection on					State of	
5.	Covering Period 07	/ 01		14	through	М М	30	/ Y Y 201	4	
Ιc	ertify that I have examined this	Report ar	d to the bes	st of my know	wledge and b	pelief it is true	e, correct a	nd complet	te.	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Kelly Lawler										
Sig	nature of Treasurer Kelly L	awler			[Electronically	Filed] D	ate 10	M / D		2014
NO	TE: Submission of false, erroned	ous, or inco	mplete inforn	nation may su	bject the pers	son signing th	is Report to	the penaltic	es of 2 U	J.S.C. §437a.
	Office		, 112 morn		, 2.3 por	33 111		T	FOR	
ı	Use Only								ev. 12/20	

SUMMARY PAGE

•	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
	Write or Type Committee Name Freedom and Prosperity #2		
F	Report Covering the Period: From:	07 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		2482.27
	(b) Cash on Hand at Beginning of Reporting Period	. 2299.98	
	(c) Total Receipts (from Line 19)	. 0	0
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	. 2299.98	2482.27
7.	Total Disbursements (from Line 31)	50.99	233.28
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	. 2248.99	2248.99
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		0	
10.	. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	
	This committee has qualified as a mu	Iticandidate committee. (see FEC FORM 1M)	
_		For further information contact:	
		Federal Election Commission 999 E Street, NW Washington, DC 20463	
		Toll Free 800-424-9530 Local 202-694-1100	

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Freedom	and	Pros	nerit\	/ #2
1 10000111	ana	1 100		

Report Co	vering the Period: From: 07	M / D D / Y Y Y Y Y Y TO	: 09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
(a) Ind	utions (other than loans) From: ividuals/Persons Other an Political Committees		
(i)	Itemized (use Schedule A)	0	0
٠,	Unitemized TOTAL (add Lines 11(a)(i) and (ii)▶	0	0
(b) Pol	itical Party Committees	0	0
(c) Oth	ner Political Committees ch as PACs) al Contributions (add Lines	0	0
11(Tot	a)(iii), (b), and (c)) (Carry als to Line 33, page 5)	0	0
	ommittees	0	0
13. All Loar	ns Received	0	0
15. Offsets	epayments Received To Operating Expenditures s, Rebates, etc.)	0	0
(Carry 1	Totals to Line 37, page 5)s of Contributions Made ral Candidates and Other	0	0
Political	Committeesederal Receipts	0	0
18. Transfe	rs from Non-Federal and Levin Funds -Federal Account	0	0
(fro	m Schedule H3)	0	0
(b) Levi	n Funds (from Schedule H5)	0	0
(c) Tota	Transfers (add 18(a) and 18(b))	0	0
	eceipts (add Lines 11(d), 14, 15, 16, 17, and 18(c))▶	0	0
	ederal Receipts et Line 18(c) from Line 19)▶	0	0

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)	Total Tills Tollou	Calendar rear-to-bate
	(i) Federal Share	0	0
	(ii) Non-Federal Share	0	0
	(b) Other Federal Operating		
	Expenditures	50.99	233.28
	(c) Total Operating Expenditures	50.99	233.28
20	(add 21(a)(i), (a)(ii), and (b))▶	30.99	255.20
22.	Transfers to Affiliated/Other Party Committees	0	0
23.	Contributions to Federal Candidates/Committees	0	
	and Other Political Committees		
24.	Independent Expenditures	0	0
25.	(use Schedule E) Coordinated Party Expenditures	7	
	(2 U.S.C. §441a(d)) (use Schedule F)	0	0
26.	Loan Repayments Made	0	0
_		0	0
	Loans MadeRefunds of Contributions To:	0	
	(a) Individuals/Persons Other Than Political Committees	0	0
	(b) Political Party Committees	0	0
	(c) Other Political Committees		0
	(such as PACs)	0	0
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0	0
29.	Other Disbursements	0	0
	F		
iO.	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0	0
	,,		
	(ii) "Levin" Share	0	0
	(b) Federal Election Activity Paid Entirely		
	With Federal Funds	0	0
	(c) Total Federal Election Activity (add	0	0
	Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	0
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50.99	233.28
32.			
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	50.99	233.28

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
3. Total Contributions (other than loans)				
(from Line 11(d), page 3)	0	0		
4. Total Contribution Refunds				
(from Line 28(d))	0	0		
5. Net Contributions (other than loans)				
(subtract Line 34 from Line 33)	0	0		
6. Total Federal Operating Expenditures		000.00		
(add Line 21(a)(i) and Line 21(b))▶	50.99	233.28		
7. Offsets to Operating Expenditures				
(from Line 15, page 3)	0	0		
8. Net Operating Expenditures	5000	000.00		
(subtract Line 37 from Line 36)	50.99	233.28		

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: 97 'A = G7 9 @ G B9 CI G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID:

Committee has limited overhead expenses.

Form/Schedule: Transaction ID:

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 7 OF 7	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	27	22 23 28a 28b	24 25 26 28c 29 30	
Any information copied from such Reports and Statem					
or for commercial purposes, other than using the name	e and address of any politica	I committee to	solicit contributions f	from such committee.	
NAME OF COMMITTEE (In Full)					
Freedom and Prosperity #2					
Full Name (Last, First, Middle Initial)	Data of Distance				
A. Godaddy.com	Date of Disbursement				
Mailing Address 14455 N Hayden Road Suite 219	09 23				
City					
Scottsdale	AZ 85260-6993		Transaction ID :	SB21B-47159-90783-e	
Purpose of Disbursement Website Fees			Amount of Each D	Disbursement this Period	
Candidate Name		Category/		4.99	
Office Sought: House Disbursem	and Fam.	Type		4.99	
	Primary General				
	Other (specify)				
State: District:	() , (
Full Name (Last, First, Middle Initial)					
3. Godaddy.com			Date of Disbursem		
Mailing Address 14455 N Hayden Road Suite 219		09 23 2014			
·	State Zip Code AZ 85260-6993		Transaction ID :	SB21B-47159-90782-e	
Purpose of Disbursement Website Fees			Amount of Each D	Disbursement this Period	
Candidate Name	I	Category/		46	
Office Sought: House Disbursem	nent For:	Туре			
	Primary General				
President	Other (specify)				
State: District:					
Full Name (Last, First, Middle Initial) C.	Date of Disbursement				
		M M / D D	/		
Mailing Address					
City	State Zip Code				
Purpose of Disbursement					
	Amount of Each Disbursement th		Disbursement this Period		
Candidate Name		Category/ Type			
Office Sought: House Disbursem	nent For:	N1: -		7	
	Primary General				
	Other (specify) ▼				
State: District:					
CURTOTAL of Dishuranments This Dogs (ortions)	SUBTOTAL of Disbursements This Page (optional)				
SUBTUTAL OF DISpursements This Page (optional)		······		50.99	
TOTAL This Period (last page this line number only).				50.99	