FEC FORM 1

STATEMENT OF ORGANIZATION

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						Office Ode Offi
NAME OF COMMITTEE (in full)		Check if name changed)	Example over the	If typing, type lines.	12FE4M5	и ч
MAF Freedom PAC - Move A	merica Fo	rward Freedom	PAC - MAF	PAC		
سيستبسط						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lsom Blvd #10	<u> </u>			
ADDRESS (number and street)	سسا					
x (Check if address is changed)	Sacrame	ento			CA	95856
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please	orovide only one e	-mail address	2)		
(Check if address is changed)		ampaign-compli		·,	1111	
			1111			
COMMITTEE'S WEB PAGE AD	DRESS (UF	RLY				
(Check if address is changed)		pac.org			 	
2. DATE 01 27		γ γ γ γ 14				
3. FEC IDENTIFICATION N	JMBER	C co	0454819	1 mg		
4. IS THIS STATEMENT X	NEW	(N) OR		AMENDED (A)		
I certify that I have examined to	nis Stateme	nt and to the besi	t of my know	dedge and belief	it is true, correct	and complete.
Type or Print Name of Treasure	r <u>Jen S</u>	Slater O				
Signature of Treasurer	Jer	n 8ta	<u> </u>		Date 01	M ¹ , D D , V V V ¹ ; V , 27 2014
NOTE: Submission of false, errone		mplete information GE IN INFORMATI				
Office Use			Fede	further information or eral Election Commiss Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information b	elow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. information below.)	(Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee	ee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) I	•
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separation committee. (i.e., noncommetted committee)	ate segregated fund or party
In addition, this committee is a Lobbyisi/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, at least one of which is an authorized committee of a federal candi	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. FEC ID number C	4 ·
2. FEC ID number C	
3. FEC ID number C	
4.	

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Write or Type Committee Name			
MAF Freedom PAC - Move Ame	erica Forward Freedom PAC - MAF PAC		
6. Name of Any Connected O	Irganization, Affiliated Committee, Joint Fundra	nising Representative, or Lea	dership PAC Sponsor
o. Hame of rany connected o		institution of the	ice on privile openior
None		1111111	
Mailing Address			1111111
			111111
		 	
	CITY	STATE	ZIP CODE
đ			
Relationship: Connected	Organization : Affiliated Committee	Fundraising Representative -	Leadership PAC Sponso
 Custodian of Records: Identification books and records. Jen Slat 	itify by name, address (phone number – optional)	y and position of the person i	in possession of continues
Full Name			1111111
Mailing Address	8001 Irvine Center Drive #400		
		 	
	Irvine	CA 92	2618
Title or Position	CITY	STATE	ZIP CODE
Custodian of Records		949	_ ⁸⁵⁸
		ephone number	
8. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasussistant treasurer).	surer of the committee; and the	ne name and address of
Full Name Jen Slat	er		
Mailing Address	8001 Irvine Center Drive, #400		
	Irvine	CA 92	618
7 0 . 8	CITY	STATE	ZIP CODE
Title or Position			

F			
FEC Form	1 (Revised 2/2009)		Page 4
Full Name of Designated Agent	None		
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	<u></u> -
safety deposit box Name of Bank, De		committee deposits fu	inds, holds accounts, rents
Į	Bank of America	1.1 1 1 1 1 1	
Mailing Address	204 E 6th Street		
	Corona	CA	91762
	CITY	STATE	ZIP CODE
Name of Bank, De	epository, etc.		
(
Mailing Address			
	L	 	

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Page 1 of 1

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Campaign Compliance Group Inc 30151 Tomas

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DATE PREPARED

(8/2013)

PREPARER