FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1		tructions)		
	(000 1110)			Office use only
NAME OF COMMITTEE (ir	n full) (Check if nan is changed)	ne Example: If typying, type over the lines	12FE4M5	
American Fre	edom Political Action Comm	nittee 		
ADDRESS (number and	d street) 2111 Wilson Blv	/d.		
(Check if add	8th Floor			
is changed)	Arlington		J VAJ L	22201 -
COMMITTEE'S E-MA	AIL ADDRESS	CITY▲	STATE▲	ZIP CODE 🛦
af_pac@yaho	o.com		<u> </u>	
<u> </u>				
COMMITTEE'S WEE	B PAGE ADDRESS (URL)			
COMMITTEE'S FAX 7032432874	NUMBER			
2. DATE M 0 9	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
3. FEC IDENTIFIC	ATION NUMBER	C C00406009		
4. IS THIS STATE	MENT NEW (N)	OR X AMENDED (A))	
I certify that I have exan	nined this Statement and to the best of r	ny knowledge and belief it is true, corre	ect and complete	
Type or Print Name o	f Treasurer Lisa Saenz			
Signature of Treasure	er Electronically Filed by Lisa S	Saenz	Date 09	13 / 2007
NOTE: Submission of f	alse, erroneous, or incomplete informati	on may subject the person signing this		es of 2 U.S.C. S437g.
Office Use Only		For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2003)

	FECForm 1 (Revised 02/2003)		Page 2			
5.	5. TYPE OF COMMITTEE (Check One)	F COMMITTEE (Check One)				
	(a) This committee is a principal campaign con	nmittee. (Complete the candidate information below.)				
	(b) This committee is an authorized committee information below.)					
	Name of Candidate					
	Candidate Office Party Affiliation Sought:	House Senate President	State			
	(c) This committee supports/opposes only one	candidate, and is NOT an authorized committee.				
	Name of Candidate					
	(d) This committee is a	(National, State (Dem Cor subordinate) committee of the Repu	nocratic, Iblican,etc.) Party.			
	(e) This committee is a separate segregated fund					
	(f) This committee supports/opposes more that committee.	n one Federal candidate, and is NOT a separate segregated func	l or party			
 6.	6. Name of Any Connected Organization or Affiliated Con	nmittee				
ı	None		1			
L І	<u> </u>		<u> </u>			
_						
	Mailing Address					
CITY STATE A			ZIP CODE			
	Relationship					
	Type of Connected Organization:					
	Corporation	poration w/o Capital Stock Labor Organization	ı			
		de Association Cooperative				
		osoponativo				

FEC Form 1 (Revised 02/2003)

Write or Type Comn	nittee Name					
American Fro	eedom Political A	ction Committee				
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. Full Name					
Full Name						
Mailing Address		4650 N Washington B	Blvd.			
		#715				
		Arlington			22201 _	
Title or Position	∀	CITY A	STATE	A	ZIP CO	DE A
	Treasurer		Telephone number	703	841 	0626
8. Treasurer: Lis name and add	at the name and ad lress of any design	dress (phone number optio ated agent (e.g., assistant tre	nal) of the treasurer of the asurer).	commi	ttee; and the	
of Treasurer	Lisa Saenz					
Mailing Address		4650 N Washington B	Blvd.			
		#715				
		Arlington		_	22201 _	
Title or Position	∀	CITY A	STATE	A	ZIP CO	DE A
	Treasurer		Telephone number	703	841 _	0626
Full Name of Designated Agent	Perrin Badini					
Mailing Address		4224 Lorcom Lane				
		Arlington			22207 _	
Title or Position	∀	CITY A	STATE	A	ZIP COI	DE A
	Assistant Treasu	ırer	Telephone number	504	232	0470

Page 3

	FEC Form 1 (Rev	vised 02/2003)	Page 4
9.	Banks or Other Depositions safety deposit boxes or r	•	s, rents
	Name of Bank, Deposito	pry, etc.	
	В	Bank of America	
	Mailing Address	2111 Wilson Blvd	
		Arlington VA 2220	1

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷