

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 AUG -7 AM 9:33 Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5 EC MAIL CENTER  
Freedom Committee

ADDRESS (number and street) (Check if address is changed) P O B o x , 6 9 3 6  
C o l o r a d o S p r i n g s C O 8 0 9 0 4 - 2 5 6 7  
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) D c h i s e s i @ c o m c a s t . n e t  
Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) h t t p s : / / s i t e s . g o o g l e . c o m / s i t e / p n a f  
s i t e n e t / f e c - c o m m i t t e e - s - w e b p a g e

2. DATE 0 7 / 2 9 / 2 0 1 3

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT X 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.

Type or Print Name of Treasurer USCMDR Diane Chisesi, P.I. Eng. MD. LQAE/CQTR, SA, SO, AO, PHD.

Signature of Treasurer USCMDR Diane Chisesi, P.I. Eng. MD. LQAE/CQTR, SA, SO, AO, PHD. Date 0 7 / 2 9 / 2 0 1 3

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.

13031110211

5. TYPE OF COMMITTEE

Candidate 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. (Complete the candidate information below.)

Name of Candidate: U S C M D R D i a n e C h i s e s i , P I E n g M D P H D

Candidate Party Affiliation: R e p      Office Sought:  House  Senate  President      State: C O      District: 0 5

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: \_\_\_\_\_

Party Committee:

- (d)  This committee is a N A T (National, State or subordinate) committee of the R e p (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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)  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.)

Joint Fundraising Representative:

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number C
2. \_\_\_\_\_ FEC ID number C
3. \_\_\_\_\_ FEC ID number C
4. \_\_\_\_\_ FEC ID number C

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Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Paradyn Networks AF Foundation

Mailing Address

PO Box 6936

Colorado Springs CO 80904-2567

CITY

STATE

ZIP CODE

Relationship: X Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Mr. Lawrence Chisesi, PH.D

Mailing Address 4901 Southcrest Ave

San Diego CA 92110

Title or Position

CITY

STATE

ZIP CODE

Prof, Acct, Adm, PH.D. Telephone number 970-682-0415

8. 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).

Full Name of Treasurer USCM DR Diane Chisesi QAE COTR SO AO PHD

Mailing Address PO Box 6936

Colorado Springs CO 80904-2567

CITY

STATE

ZIP CODE

Title or Position

CEO, PNAF / MIL US CM DR Telephone number 719-477-0295

13031110213

Full Name of Designated Agent

U S C M D R D i a n e C h i s e s i P I E n g M D N F S P H D

Mailing Address

P O B o x 6 9 3 6

C o l o r a d o S p r i n g s C O 8 0 9 0 4 - 2 5 6 7

CITY

STATE

ZIP CODE

Title or Position

S A C E O P N A F / M i l

Telephone number

7 1 9 - 4 7 7 - 0 2 9 5

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

P i k e s P e a k N a t i o n a l B a n k

Mailing Address

P O B o x 6 6 6 9

C o l o r a d o S p r i n g s , C O 8 0 9 3 4 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

P i k e s P e a k N a t i o n a l B a n k

Mailing Address

2 4 0 1 W C o l o r a d o A v e

C o l o r a d o S p r i n g s C O 8 0 9 0 4 -

CITY

STATE

ZIP CODE

13031110214

**Federal Election Commission**  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

13031110215

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*Jmw*  
 PREPARER  
 (7/2013)

8/7/13  
 DATE PREPARED