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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ADVANCING FREEDOM FUND 107 S WEST ST STE 493 ADDRESS (number and street) (Check if address is changed) ALEXANDRIA 22314 VACITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS so@gobergroup.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00570093 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. MCGRAIN, JORDAN, , , Type or Print Name of Treasurer MCGRAIN, JORDAN, , , [Electronically Filed] 02 20 2018 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	OMMITTEE	1 4go <b>2</b>
Cano	didate	Committee:	
(a)	Ш	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.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated 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.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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FEC Form 1 (Revised		Page 3
Write or Type Committee Name		
ADVANCING F	REEDOM FUND	
6. Name of Any Connected (	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE		
Nacition Address		
Mailing Address		
	CITY STATE ZIF	CODE
	CITY STATE ZIF	CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative Leader	rship PAC Sponsor
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in posses	ssion of committee
	SHANNON, , ,	
Full Name		
Mailing Address	PO Box 341016	
	AUSTIN TX 78734	-
Title or Position	CITY STATE ZIF	CODE
Thie of Fosition	SIAL ZII	CODE
	Telephone number	
<ol><li>Treasurer: List the name an any designated agent (e.g.,</li></ol>	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
Full Name MCGRAIN	I, JORDAN, , ,	
of Treasurer		
Mailing Address	107 S WEST ST	
	STE 493	
	ALEXANDRIA VA 22314	
Title or Position	CITY STATE ZIP	CODE
TREASURER		
<u> </u>	<u> </u>	

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Full Name of Designated Agent	OLEARY, SHANNON, , ,	
Mailing Address	PO Box 341016	
	AUSTIN TX 78734  CITY STATE Z	IP CODE
Title or Position ASSISTANT TRE	EASURER Telephone number	
Name of Bank, Do	epository, etc.  WELLS FARGO BANK NA  PO BOX 6995	
Name of Bank, Do	epository, etc.	
Name of Bank, Do	PO BOX 6995 PORTLAND	IP CODE
Name of Bank, Do	PO BOX 6995 PORTLAND OR 97228 CITY STATE Z	IP CODE
Name of Bank, Do	PO BOX 6995 PORTLAND OR 97228 CITY STATE Z	LIP CODE
Name of Bank, Do	PO BOX 6995 PORTLAND CITY STATE Z epository, etc.	ZIP CODE
Name of Bank, Do	PO BOX 6995  PORTLAND  CITY  STATE  Z  PIRST VIRGINIA COMMUNITY BANK	ZIP CODE