**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Lone Star Liberty Fund 2931 Ridge Rd. ADDRESS (number and street) Ste. 101, PMB #181 (Check if address is changed) Rockwall 75032 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Lonestarlibertyfund@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00627661 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. Roe, Betsy, , , Type or Print Name of Treasurer Roe, Betsy, , , [Electronically Filed] 10 17 2016 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

Local 202-694-1100

_		1. (Davids at 00/0000)	Da 0
		m 1 (Revised 02/2009)  DMMITTEE	Page <b>2</b>
		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. (Compinformation below.)	lete the candidate
Name Candi			
Candi Party	idate Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Com	mittee:	Damaaus <sup>1</sup> -
(d)		· · · · ·	Democratic, Republican, etc.) Party
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	nected organization is
		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 seg committee. (i.e., nonconnected committee)	gregated fund or part
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t 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 committees/organizations, at least one of which is an authorized committee of a federal candidate.  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
	Comi	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name		
Lone Star Libert	y Fund	
6. Name of Any Connected Or	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadershi	p PAC Sponsor
John Ratcliffe		
	706 Starlight Pass	
Mailing Address		
	Heath TX 75032	
	CITY STATE Z	TIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative 🗶 Lead	lership PAC Sponsol
<ol> <li>Custodian of Records: Identification</li> <li>books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in poss	ession of committee
Roe, Betsy,	,,	
Full Name Mailing Address	712 Starlight Pass	
· ·		
	Heath TX 75032	.  -
Title or Position	CITY STATE Z	IP CODE
Treasurer	Telephone number 641 - 2	30   0001
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the committee; and the names assistant treasurer).	e and address of
Full Name Roe, Betsy, of Treasurer	,, 	
Mailing Address	712 Starlight Pass	
	Heath	-
1	CITY STATE Z	IP CODE
Title or Position , Treasurer		30   0001

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
	Telephone number =	
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds.  Depository, etc.	accounts, rents
safety deposit bo	oxes or maintains funds.	
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  TX  75032	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  Rockwall  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  Rockwall  CITY  STATE  Z	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  Rockwall  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  Rockwall  CITY  STATE  Z	
Name of Bank, I	Depository, etc.  Wells Fargo Bank  2970 Horizon Rd.  Rockwall  Rockwall  CITY  STATE  Z	