

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Freedom Partners Action Fund, Inc.

ADDRESS (number and street)

2300 Wilson Blvd.

☒ (Check if address is changed)

Ste. 500

ARLINGTON

CITY ▲

VA

STATE ▲

22201

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

info@fpaction.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

www.fpaction.org

2. DATE

M M / D D / Y Y Y Y
11 / 30 / 2015

3. FEC IDENTIFICATION NUMBER ►

C C00564765

4. 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.

Type or Print Name of Treasurer Thomas F. Maxwell III

Signature of Treasurer

Thomas F. Maxwell III

[Electronically Filed]

Date

M M / D D / Y Y Y Y
12 / 04 / 2015

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

4. _____ FEC ID number

Write or Type Committee Name

Freedom Partners Action Fund, Inc.

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ 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

Thomas F. Maxwell III

Mailing Address

4703 Woodway Lane, NW

Washington

DC

20016

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

202

557

1398

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

Thomas F. Maxwell III

Mailing Address

4703 Woodway Lane, NW

Washington

DC

20016

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

202

557

1398

Full Name of
Designated
Agent

Josh Fisher

Mailing Address

2300 Wilson Blvd.

Ste. 500

Arlington

VA

22201

CITY

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

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.

BB&T Bank

Mailing Address

2200 Wilson Blvd.

Suite 200

Arlington

VA

22201

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE