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2009 AUG 27 AM 10:15

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

JBPS Freedom Alliance

ADDRESS (number and street) 1701 Esquire Lane

(Check if address is changed)

McLean VA 22101

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

dotterm@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NA

2. DATE 08 / 26 / 2009

3. FEC IDENTIFICATION NUMBER C

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 Mary Clancy

Signature of Treasurer Electronically Filed by Mary Clancy [Signature]

Date 08 / 26 / 2009

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 Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2009)

29030152400

5. TYPE OF COMMITTEE (Check One)

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

\_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

\_\_\_\_\_

Party Committee:

- (d) This committee is a \_\_\_\_\_ (National, State (or subordinate) committee of the \_\_\_\_\_ (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. | <b>FREEDOM PROJECT; THE</b>                            | FEC ID number | <b>C C00305805</b> |
| 2. | <b>PEOPLE FOR ENTERPRISE TRADE AND ECONOMIC GROWTH</b> | FEC ID number | <b>C C00363770</b> |
| 3. | _____  | FEC ID number | <b>C</b>           |
| 4. | _____  | FEC ID number | <b>C</b>           |

29030152401

Write or Type Committee Name

**JBPS Freedom Alliance**

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

**Mary Clancy**

Mailing Address

**1701 Esquire Lane**

**McLean**

**VA**

**22101** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number **703** - **989** - **6167**

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

**Mary Clancy**

Mailing Address

**1701 Esquire Lane**

**McLean**

**VA**

**22101** -

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

**Treasurer**

Telephone number **703** - **989** - **6167**

29030152402

Full Name of Designated Agent

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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.

Chain Bridge Bank

Mailing Address

1445-A Laughlin Ave.

McLean

VA

22101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030152403

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.

29030152404

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>8/28/09</i>
<del>Next Business Day Delivery</del> <input checked="" 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

*DL* *8/27/09*  
 PREPARER DATE PREPARED