

FEC  
FORM 1STATEMENT 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 PAC

ADDRESS (number and street)

17251 State Highway K Ave

☐(Check if address  
is changed)

Greentop

CITY ▲

MO

STATE ▲

63546

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address  
is changed)

treasury@shultzforcongress.com

Optional Second E-Mail Address

shultzy0630@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

shultzforcongress.com

2. DATE

MM / DD / YYYY  
12 / 04 / 2021

3. FEC IDENTIFICATION NUMBER ►

C

C00796474

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 Shultz, Dakota, , ,

Signature of Treasurer

Shultz, Dakota, , ,

[Electronically Filed]









Date

MM / DD / YYYY  
01 / 04 / 2022

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 202-694-1100FEC FORM 1  
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

## Freedom PAC

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

SHULTZ, DAKOTA, , ,

Mailing Address

17251 STATE HIGHWAY K AVE

GREENTOP

CITY

MO

STATE

63546

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

Shultz, Angela, , ,

Mailing Address

17251 State Highway K Ave

Greentop

CITY

MO

STATE

63546

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

660

342

3693

## 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

Shultz, Dakota, , ,

Mailing Address

17251 State Highway K Ave

Greentop

CITY

MO

STATE

63546

ZIP CODE

Title or Position

Telephone number

660

349

8532

Full Name of  
Designated  
Agent

Shultz, Angela, , ,

Mailing Address

17251 State Highway K Ave

Greentop

CITY

MO

STATE

63546

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

660

342

3693

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.

Bank Midwest

Mailing Address

201 N Elson St.

Kirksville

CITY

MO

STATE

63501

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE