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FEC

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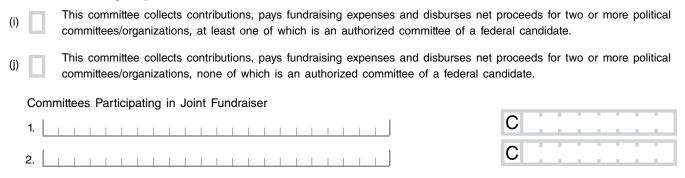
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## STATEMENT OF ORGANIZATION

FORM 1			o	ffice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Florida Freedom	Action			
ADDRESS (number and street)	411 N Donnelly St			
(Check if address	Ste 313			
is changed)	Mt Dora CITY ▲		LFL 321 STATE ▲	757 
COMMITTEE'S E-MAIL ADDRE	ISS			
(Check if address is changed)	liz@lizcurtisassociates	s.com		
	Optional Second E-Mail Add	dress		1
2. DATE 05 / 0	D / Y Y Y Y 1 2023			
3. FEC IDENTIFICATION N	UMBER ► C c	00825463		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	s true, correct and	l complete.
Type or Print Name of Treasure	er Curtis, Elizabeth, , ,			
Signature of Treasurer	s, Elizabeth, , ,	[Electronically Filed]	Date 05	01 / Y Y Y Y 01 2023
NOTE: Submission of false, erron		may subject the person signing th TION SHOULD BE REPORTED V		penalties of 52 U.S.C. §3010
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC	C Form 1 (Revised 03/2022)	Page <b>2</b>
5. 7	TYPE OF COMMITTEE:	
(	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 c information below.)	andidate
	Name of Candidate , , , , , , ,	
	Candidate Office Sought: House Senate President	State District
(	(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 Republican, et	c.) Party
,	Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a:
·	Corporation Corporation w/o Capital Stock Labor Orga	-
	Membership Organization Trade Association Cooperative	9
	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 for committee. (i.e., nonconnected committee)	und or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	x In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)	
	In addition, this committee is a Lobbyist/Registrant PAC.	

## Joint Fundraising Representative:



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Write or Type Committee Name	
Flavida Frandava Astian	

## Florida Freedom Action

6.	Name of Any Connected Or SABATINI, ANTHON		Committee	e, Joi	nt F	undr	aisin	g Re	pres	enta	tive,	or	Lead	lershi	p PA	c s	pon	sor	
	Mailing Address	411 N DONNELLY ST																	
		STE 313																	
										FL		l	3275	57		- [			
			CITY 🔺						S	STATE				z	IP CO	DDE			
	Relationship: Connected	Organization Affilia	ited Organiza	ation	C	Joi	nt Fun	drais	ing I	Repre	senta	tive		<b>x</b> Lea	aders	nip I	PAC	Spor	າຣ໐ເ

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Curtis, Eliz	abeth, , ,			
Full Name				
Mailing Address	441 N Lee St			
	Ste 100			
	Alexandria		VA 22314	
	CITY 🔺		STATE A	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nu	umber 609 – [	433 - 8620

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	Curtis, Elizabeth, , ,
of Treasurer	
Mailing Address	441 N Lee St
	Ste 100
	Alexandria VA 22314
	CITY A STATE A ZIP CODE A
Title or Position	,
Treasurer	Image: Telephone number 609 - 433 - 8620

FEC Form 1 (Revised 02	2/20	09)	)																	F	Pag	е 4	ŀ		
Full Name of Designated Agent	1													1										1	
Mailing Address																									
								Cľ	TΥ					:	STA	ΤE			ZI	ΡC		Œ			
Title or Position ▼																									
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	1445A Laughlin Ave	
	McLean	VA 22101 -
	CITY 🔺	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY 🔺	STATE ▲ ZIP CODE ▲