12030814517

STATEMENT OF

RECEIVED

FORM 1	ORGANIZATION	2012 MAY 29 AM II: 36 FEC MAJUSCENTER				
1. NAME OF COMMITTEE (in	(Check if name Example:If typing, type is changed) over the lines.	12FE4M5				
Trucking F	or Freedom					
ADDRESS (number a	1610 Obrien Avenue					
(Check if ac is changed)		IA 50421 - 7500				
	CITY	STATE ZIP CODE				
COMMITTEE'S E-MA (Check if is change	AIL ADDRESS (Please provide only one e-mail address) TFFtreasurer@gmail.com address d)					
COMMITTEE'S WEB	PAGE ADDRESS (URL)					
(Check if is changed						
2. DATE 05" 23" 2012"						
3. FEC IDENTIFICATION NUMBER						
4. IS THIS STATE	MENT NEW (N) OR AMENDED (A)					
I certify that I have e	examined this Statement and to the best of my knowledge and belief it	is true, correct and complete.				
Type or Print Name	of Treasurer Elizabeth Severson					
Signature of Treasure	or Aligabeth Seusson	Date 3 20/2				
NOTE: Submission of	false, erroneous, or incomplete information may subject the person signing to ANY CHANGE IN INFORMATION SHOULD BE REPORTED W					
Office Use Only	For further information of Federal Election Commissi Toll Free 800-424-9530	EEL EURNI				

•	F	EC For	rm 1 (Revised 02/2009)	Page 2		
5.		YPE OF COMMITTEE				
	(a)	didate	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.) Iame of iandidate				
		Candidate Office State Party Affiliation Sought: House Senate President				
	,		- Industry Condition Proceedings	District		
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
	Name of Candidate					
	Part	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.					
	Polit	Political Action Committee (PAC):				
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	ted organization is a:		
			Corporation Corporation w/o Capital Stock	bor Organization		
			Membership Organization Trade Association Co	poperative		
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated fund or party		
			In addition, this committee is a Lobbyiat/Registrant PAC.			
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Join	t Fund	Iraising Representative:			
	(g)	\times	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political		
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political		
		Com	mittees Participating in Joint Fundraiser			
		1.	Latharn For Congress FEC ID number C 00287	045		
		2.	King For Congress FEC ID number C 00373			
		3.				
		4.				

rec rolli i (nevised	02/2009)		r age 3				
Write or Type Committee Name							
Trucking For Freedom							
6. Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Representa	tive, or Leadership PAC Sponsor				
Mailing Address							
	CITY	L L L L STAT	TE ZIP CODE				
			211 0002				
Relationship: Connecte	ed Organization Affiliated Committee	Joint Fundraising Repre	sentative Leadership PAC Sponsor				
 Custodian of Records: Ide books and records. 	entify by name, address (phone number -	- optional) and position of t	he person in possession of committee				
books and records.							
Full Name Elizal	beth Severson	<u> </u>					
Mailing Address	1610 Obrien Avenue						
a.m.g v uaa ooo	1						
	Belmond		1 150421 1-17500 1				
	•						
Title or Position	CITY	STATE	ZIP CODE				
_I Treasurer	. 1	Talantana auraban	515, - 291, - 8665				
		Telephone number					
8. Treasurer: List the name ar	nd address (phone number optional) of	f the treasurer of the comm	ittee; and the name and address of				
any designated agent (e.g.,							
Full Name Eliza	beth Severson		1				
of Treasurer	1610, Obrien, Avenue						
Mailing Address			<u> </u>				
	Belmond						
Title or Position	CITY	STATE	ZIP CODE				
Treasurer		Telephone number	515 _ 291 _ 8665				

CITY

STATE

ZIP CODE

203081452

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Postmark Illegible					
No Postmark	-				
Overnight Delivery Service (Specify):	Shipping Date				
Next	Business Day Delivery				
Received from House Records & Registration Offi	Date of Receipt ice				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
Jnp	5/24/12				
PREPARER (3/2005)	DATE PREPARED				
Other (Specify): Jmp	5/24/12				