

**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
AMERICAN LIBERTY POLITICAL ACTION COMMITTEE

ADDRESS (Home or street) PO BOX 40386
 (Check if address is changed)
WASHINGTON DC 20016
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
None

COMMITTEE'S WEB PAGE ADDRESS (URL)
None

COMMITTEE'S FAX NUMBER
7034258352

2. DATE 12 / 20 / 2005

3. FEC IDENTIFICATION NUMBER **C C00366120**

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 **Christopher J. Ward**

Signature of Treasurer Electronically Filed by **Christopher J. Ward** Date 12 / 20 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

| | | | | |
|-----------------|--|--|--|--|
| Office Use Only | | | | |
|-----------------|--|--|--|--|

For further information contact:
 Federal Election Commission
 Toll Free 800-424-9530
 Local 202-894-1100

FEC FORM 1
 (Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 |
|-----------------------------|----------------|-------|--------|-----------|----------------|

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

None _____

Mailing Address _____

_____ - _____

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

AMERICAN LIBERTY POLITICAL ACTION COMMITTEE

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 **Christopher J. Ward**

Mailing Address **PO Box 40386**

Washington DC 20016

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number _____ - _____ - _____

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 **Christopher J. Ward**

Mailing Address **PO Box 40386**

Washington DC 20016

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Treasurer Telephone number _____ - _____ - _____

Full Name of Designated Agent _____

Mailing Address _____

Washington DC 20016

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.

Wachovia

Mailing Address

7901 Wisconsin Ave

Bethesda

MD

20814

CITY ▲

STATE ▲

ZIP CODE ▲