Image#	29991	868643
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FEC FORM 1	STATEMENT OF ORGANIZATION (See instructions)	Office use only		
1. NAME OF COMMITTEE (in t	full) (Check if name Example: If typying, type over the lines	12FE4M5		
	NK AND WEEDA PC FREEDOM PAC			
ADDRESS (number and s	1400 16TH STREET NW SUITE 400			
(Check if address is changed)				
	CITY	STATE ZIP CODE		
(Check if address is changed)	PAGE ADDRESS (URL) www.ofwlaw.com 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +			
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)			
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct and	d complete		
Type or Print Name of	Treasurer John Bode			
Signature of Treasurer	Electronically Filed by John Bode	Date 03 / 26 / Y Y Y Y		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS				
Office Use Only	For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100			

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
5.	TYPE OF CO	MMITTEE (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 information below.)	e the candidate
	Name of Candidate		
	Candidate Party Affiliatior	n Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Commit	ttee: (National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.
	Political Actio	on Committee (PAC):	
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	cted organization is a:
		Corporation X Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
	(f)	X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee)	ted fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fundrais	ing Representative:	
	(g) -	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two	o or more political

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. .

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

(h)

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

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

OLSSON FRANK AND WEEDA PC FREEDOM PAC

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

OLSSON FRANK AND WEEDA P C FUND FOR AMERICAN VALUES PAC

Mailing Address	1400 16TH STREET NW SUITE	400	
	WASHINGTON		20036
	CITY	STATE 🛦	ZIP CODE
Relationship:			1
Connected Organization	X Affiliated Committee Joint Fund	raising Representative	Leadership PAC Sponsor
	ntify by name, address, (phone number opt		
Custodian of Records: Ide	ntify by name, address, (phone number opt books and records.		
Custodian of Records: Ide possession of Committee	ntify by name, address, (phone number opt books and records.		
Custodian of Records: Ide possession of Committee Full Name	ntify by name, address, (phone number opt books and records. ode		
Custodian of Records: Ide possession of Committee Full Name	ntify by name, address, (phone number opt books and records. ode 1400 16th Street NW		
Custodian of Records: Ide possession of Committee Full Name	ntify by name, address, (phone number opt books and records. ode 1400 16th Street NW Suite 400	tional), and position of th	he person in

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 _	John Bode			
Mailing Address		1400 16th Street NW		
		Suite 400		
		Washington	DC	20036
Title or Position ♥			STATE	
P	rincipal		Telephone number	7891212

FEC Form 1 (Revis	sed 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE 🛦
	Tel	ephone number	
Banks or Other Deposi safety deposit boxes or m Name of Bank, Depositor	naintains funds.	committee deposits funds, hold	Is accounts, rents
safety deposit boxes or n Name of Bank, Depositor	naintains funds. ry, etc.	committee deposits funds, hold	Is accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. NC Bank	committee deposits funds, hold	Is accounts, rents
safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. NC Bank	committee deposits funds, hold	Is accounts, rents
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safety deposit boxes or m Name of Bank, Depositor	naintains funds. ry, etc. NC Bank PO Box 535230 PO Box 535230 Pittsburgh CITY	· · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor PI Mailing Address	naintains funds. ry, etc. PO Box 535230 Pittsburgh CITY ▲	· · · · · · · · · · · · · · · · · · ·	
safety deposit boxes or m Name of Bank, Depositor PI Mailing Address	naintains funds. ry, etc. PO Box 535230 Pittsburgh CITY ▲		
safety deposit boxes or m Name of Bank, Depositor Mailing Address Name of Bank, Depositor	naintains funds. ry, etc. PO Box 535230 Pittsburgh CITY ▲		
safety deposit boxes or m Name of Bank, Depositor Mailing Address Name of Bank, Depositor	naintains funds. ry, etc. PO Box 535230 PO Box 535230 Pittsburgh ry, etc.		

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Designated Agent

Full Name

,	(2009)		Page 5
Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the committe s funds.		
Name of Bank, Depository, etc.		ĹÆ	DDITIONAL]
Mailing Address			
		STATE 4	ZIP CODE 🔺
Name of Any Connected Orga	nization, Affiliated Committee, Joint Fundraising Repre	sentative, or Leadersh	[ADDITIONAI
Mailing Address	1400 16th Street NW		
Mailing Address	1400 16th Street NW		
Mailing Address			20036
Mailing Address lationship:	Suite 400		20036

[ADDITIONAL]

Mailing Address			
Title or Position ♥	CITY A		 ZIP CODE 🛦
	Telep	phone number	
Joint Fundraiser Participant			[ADDITIONAL]
		FEC ID number	