

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED FEC MAILCENTER

2026 JAN -6 PM 1:19

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Liberty Unchained PAC

ADDRESS (number and street)

PO Box 448

(Check if address is changed)

Connersville CITY ▲

IN STATE ▲

47331 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

acarroll@ldc.net

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 20 / 2025

3. FEC IDENTIFICATION NUMBER ▶

C

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

Alex Carroll

Signature of Treasurer

Date

12 / 20 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				
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For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 03/2022)

2025 RELEASE UNDER E.O. 14176

5. 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 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 \_\_\_\_\_

Party Committee:

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

Political Action Committee (PAC):

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  Corporation w/o Capital Stock  Labor Organization
  - Membership Organization  Trade Association  Cooperative
  - 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 fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - 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:

- (i)  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.
- (j)  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

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

NONDISCRIMINATION NOTICE

Write or Type Committee Name

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

None

Mailing Address

Grid for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  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

Treasurer

Mailing Address

Grid for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid for title or position

Telephone number

Grid for 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

Alex Carrall

Mailing Address

4961 N Huber Ct

Kennesawville

TN

47377

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid for title or position

Telephone number

Grid for telephone number

CONFIDENTIAL - NO POSTING

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Grid for Title or Position]

Telephone number

[Grid for 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.

Lake City Bank

Mailing Address

Andy Skaggs

PO Box 1387

Warsaw

IN

46581

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

2025 RELEASE UNDER E.O. 14176

TO SEAL



PRESS FIRMLY TO SEAL

Retail



20463

PME  
CONNERSVILLE, IN 47331  
JAN 05, 2026

\$33.40

S2322S501177-25

RDC 07

# PRIORITY MAIL EXPRESS



PRIORITY MAIL EXPRESS

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

Alex Cornell  
4961 N Huber Ct  
Connersville, IN 47331

PHONE 317-591-1811

DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature. OR 2) Purchases additional insurance. OR 3) Purchases COD service. OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- No Saturday Delivery (delivered next business day)
- Sunday/Holiday Delivery Required (additional fee, where available)
- Refer to USPS.com or local Post Office for availability

TO: (PLEASE PRINT)

PHONE ( )

FEC  
1050 Front St, NE  
Washington, DC  
200463

- For pickup or USPS Tracking, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

PEEL FROM THIS CORNER

PAYMENT BY ACCOUNT (if applicable)

USPS Corporate Acct. No. Federal Agency Acct. No. or Postal Service Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)

- 1 Day  2 Day  Military  DPO

PO Zip Code	Scheduled Delivery Date (MM/DD/YY)	Postage	Insurance Fee	COD Fee
47331	1/8/25	\$ 33.40	\$	\$
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Return Receipt Fee	Live Animal Transportation Fee	
1/5/25	2:00 PM	\$	\$	
Time Accepted				
1:30 PM				
Special Handling/Fragile	Sunday/Holiday Premium Fee	Total Postage & Fees		
		\$ 33.40		
Weight	Rate	Acceptance Employee Initials		
1.5 lbs	825			
DELIVERY (POSTAL SERVICE USE ONLY)				
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		
Delivery Attempt (MM/DD/YY)	Time	Employee Signature		

LABEL 11-B, MAY 2021

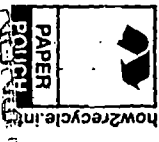
PSN 7680-02-000-9999

# EE EIGHT

3 Pickup,




EP13F October 2023  
OD: 12 1/2 x 9 1/2



UNITED STATES

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 1-5-26
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (4/2023)	1-7-26 DATE PREPARED

1-00000000-0000-0000-0000-000000000000