

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEDERAL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Liberty4Florida

ADDRESS (number and street)

115 East Park Avenue, Suite 1

☐

(Check if address
is changed)

Tallahassee

FL

32301

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

info@liberty4florida.com

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

03 ' 19 ' 2014

3. FEC IDENTIFICATION NUMBER

c 00555904

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

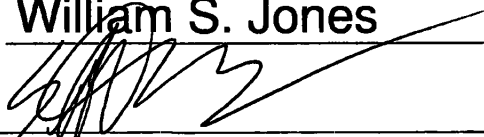
AMENDED (A)

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

William S. Jones

Signature of Treasurer



Date

03 ' 19 ' 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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Only

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

FEC FORM 1
(Revised 02/2009)

14031201660

Candidate Committee:

- [illegible]

Write or Type Committee Name

Liberty4Florida

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ 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

William S. Jones

Mailing Address

115 East Park Avenue, Suite 1

Tallahassee

FL

32301

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number

850

- 681

- 1029

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

William S. Jones

Mailing Address

115 East Park Avenue, Suite 1

Tallahassee

FL

32301

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

850

- 681

- 1029

Full Name of
Designated
Agent

William S. Jones

Mailing Address

115 East Park Avenue, Suite 1

Tallahassee

CITY

FL

STATE

32301

ZIP CODE

Title or Position

Chairman

Telephone number

850 - 681 - 1029

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.

M&S Bank

Mailing Address

5010 NW 43rd Street

Gainesville

CITY

FL

STATE

32606

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

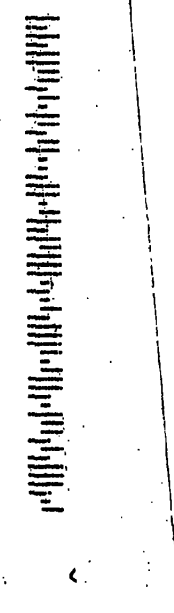
CITY

STATE

ZIP CODE

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Federal Election Commission

999 E Street, NW

Washington, DC 20463

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☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER	3/28/14 DATE PREPARED

(8/2013)

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