Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Freedom and Liberty Dickson County GOP 719 East College Street ADDRESS (number and street) (Check if address is changed) Dickson 37055 TN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ted.williams@tristarbank.com (Check if address is changed) Optional Second E-Mail Address ijdwightr@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2014 C00564815 FEC IDENTIFICATION NUMBER 3. X 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. Mr. Ted H Williams Type or Print Name of Treasurer Mr. Ted H Williams [Electronically Filed] 80 25 2014 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	EEC F -	1 (Paying 02/2000)	Page 2				
		om 1 (Revised 02/2009) OMMITTEE	Page 2				
		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. (Con information below.)	nplete the candidate				
Nam Cano	e of didate						
	didate / Affiliati	on Office Sought: House Senate President	State				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand	e of didate						
Par	ty Con	nmittee:	(Damas anatis				
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Poli	tical A	ction Committee (PAC):					
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected 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)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated 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.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	•				
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Committees Participating in Joint Fundraiser						
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Nam	е				
Freedom and L	iberty Dickson	County	GOP		
6. Name of Any Connected	Organization, Affiliated Con	nmittee, Joint Fu	ındraising Repr	esentative, or Le	adership PAC Sponsor
None					
Mailing Address					
	CIT	Υ		STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated (Committee J	oint Fundraising	Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phor	ne number opti	onal) and position	on of the person	in possession of committee
Mr. Ted H	ł Williams				
Full Name	719 East College St.				
Mailing Address					
				TN 07	055
	Dickson			TN 37	055
Title or Position	CIT	Y		STATE	ZIP CODE
Treasurer			Telephone num	ber 615	- 326 - 0512
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number assistant treasurer).	optional) of the	treasurer of the	committee; and t	he name and address of
Full Name Mr. Ted H of Treasurer	Williams				
Mailing Address	719 East College St.				
	Dickson			TN 370	055
Title or Position	CIT	Υ		STATE	ZIP CODE
Treasurer			Telephone numl	ber 615	

	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mr. Ted H Williams	
Mailing Address	719 East College St.	
	Dickson TN 37055 CITY STATE	ZIP CODE
Title or Position Treasurer		326 0512
		de accounte ronte
Banks or Other safety deposit bo	 Depositories: List all banks or other depositories in which the committee deposits funds, hole oxes or maintains funds. 	us accounts, rents
Banks or Other safety deposit be Name of Bank, I	oxes or maintains funds.	us accounts, rents
safety deposit bo	oxes or maintains funds.	us accounts, tents
safety deposit bo	Depository, etc. TriStar Bank 719 East College St.	us accounts, rents
safety deposit be Name of Bank, I	Depository, etc. TriStar Bank 719 East College St.	us accounts, rents
safety deposit be Name of Bank, I	Depository, etc. TriStar Bank 719 East College St.	
safety deposit be Name of Bank, I	Depository, etc. TriStar Bank 719 East College St.	ZIP CODE
safety deposit be Name of Bank, I	Dickson CITY STATE	
safety deposit be Name of Bank, I	Dickson CITY STATE	
safety deposit be Name of Bank, I	Depository, etc. TriStar Bank Tolkson Dickson CITY STATE Depository, etc. TriStar Bank 719 East College St.	
Safety deposit be Name of Bank, I	Depository, etc. TriStar Bank Tolkson Dickson CITY STATE Depository, etc. TriStar Bank 719 East College St.	
Safety deposit be Name of Bank, I	Depository, etc. TriStar Bank Tolkson Dickson CITY STATE Depository, etc. TriStar Bank 719 East College St.	

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Form/Schedule: F1N Transaction ID:

Ted H. Williams 8/25/1014

Form/Schedule: Transaction ID:

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Mr. Ted H Williams Full Name 719 East College St. Mailing Address Dickson ΤN 37055 Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 7 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 8 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] 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 [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number