| Image# 201907139150589779 | | | | 07/13/2019 19.34 |
|---|--|--|------------------------|---------------------------------|
| FEC | STATEME ORGANIZ | | | PAGE 1 / 5 🗕 |
| FORM 1 | UNGANIZ | | 0" | ion Use Only |
| 1. NAME OF | (Check if name | Example:If typing, type | 12FE4M5 | ice Use Only |
| COMMITTEE (in full) | is changed) | over the lines. | | |
| Freedom Matters | | | | |
| | | | | |
| | 1005 Congress Ave Ste 400 | | | |
| ADDRESS (number and street) | | | | |
| is changed) | | | TX7870 | 1 |
| | | | STATE | |
| | | | | |
| COMMITTEE'S E-MAIL ADDR | ESS ,thornton@keel.com | | | |
| (Check if address is changed) | | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| (Check if address is changed) | | | | |
| | 13 ⁷ Y Y Y Y 2019 | | | |
| 3. FEC IDENTIFICATION N | NUMBER ► C C | :00491910 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| certify that I have examined | this Statement and to the best | of my knowledge and belief i | t is true, correct and | complete. |
| | | | | |
| Type or Print Name of Treasur | er Keel, Thornton, , , | | | |
| Signature of Treasurer | l, Thornton, , , | [Electronically Filed] | Date 07 | D D / Y Y Y 13 / 2019 |
| NOTE: Submission of false, erro | neous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signing | | penalties of 2 U.S.C. §437 |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

07/13/2019 19 : 34

| - | _ |
|---|---------------------------------------|
| FEC Form 1 (Revised 02/2009) | Page 2 |
| 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 information below.) | e. (Complete the candidate |
| Name of Candidate | |
| Candidate Office Party Affiliation Office Sought: House Senate Pres | ident District |
| (c) This committee supports/opposes only one candidate, and is NOT an authorized comm | ittee. |
| Name of Candidate | |
| Party Committee: | |
| (d) This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Par |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6. | .) Its connected organization is |
| 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 sep committee. (i.e., nonconnected committee) | arate segregated fund or par |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joint Fundraising Representative: | |
| (g) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, at least one of which is an authorized committee of a federal car | |
| (h) This committee collects contributions, pays fundraising expenses and disburses net procee committees/organizations, none of which is an authorized committee of a federal candidate | |
| Committees Participating in Joint Fundraiser | |
| 1 FEC ID number C | |
| 2 FEC ID number C | |
| 3 FEC ID number | |
| 4 | |

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Freedom Matters PAC

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

| Olso | n | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------|---------------|-----|----------------|------|-------|-----|------|------|----|------|--------|-----|------|------|-----|------|------|---|-----|------|------|------|-----|-------|----|------|-----|------|------|------|------------|-----|-----|------|-------|------|-----|-----|------|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mai | iling Address | | | | PO | Bo | ox 1 | 63 | 81 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | Su | iga | r La | nd | | | | | | | | | | | | | | | | | Į | ТХ | | | Ĺ | 774 | 196 | | | | | L | | | |
| | | | | | | | | | | | | | СІТ | Y | | | | | | | | | | | | STA | ΤE | | | | | | ZIF | > C | | ЭE | | | |
| Rel | lationship: | Cor | nnec | ted | Org | jan | izat | tion | | A | \ffili | ate | ed C | Con | nm | itte | e | | Jo | oint | Fu | Indr | ais | ing | Re | epre | sei | ntal | tive | | x L | _ea | Ide | rsh | ıip F | ⊃A(| C S | por | nsor |
| | stodian of Re | | l s: Id | lent | ify I | by | nar | ne, | ad | ldre | ess | (pl | non | ne i | านท | nbe | er - | C | pti | ona | l) a | and | рс | ositi | on | of | the | pe | rso | on i | in p |)0S | ses | ssio | on d | of (| con | nmi | ttee |

| Keel, Thorr | nton, , , |
|-------------------|--|
| Full Name | |
| Mailing Address | 23812 Tres Coronas |
| | [|
| | Spicewood TX 78669 - - - - |
| Title or Position | CITY STATE ZIP CODE |
| | 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 | Keel, Thornton, , , |
|---------------------------|---------------------|
| Mailing Address | 23812 Tres Coronas |
| | |
| | Spicewood |
| | |
| | CITY STATE ZIP CODE |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | I | | | | | | | | | | | | | | | | | 1 | | | | | | | |
|-------------------------------------|--|---|---|---|--|---|---|-----|----|--|--|------|-----|------|------|-----|-----|-----|--|---|--|-----|-----|---------|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | L | | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 1 | | 1 | 1 | | 1 | | | | | | | | | | | L | | | | | | | |
| | | | | | | | | СІЛ | ΓY | | | | | | | | ST/ | ΑΤΕ | | | | ZII | P (| - 0D | E | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | Tele | eph | ione | e ni | umt | ber | | | | | | | | | | |

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.

| Plains | Capital Bank | | |
|---------------------------|--------------|-------|--------------------|
| Mailing Address | PO Box 271 | | |
| | | | |
| | Lubbock | | [⁷⁹⁴⁰⁸ |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

| FFC | Form | 1 S | (Revised | 02/2017) |
|------|---------|------------|-----------|----------|
| 1 20 | 1 01111 | 10 | (11001300 | 02/2017 |

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| 5(g) or (h). | Joint | Fundraising | Participant: |
|--------------|-------|-------------|--------------|
|--------------|-------|-------------|--------------|

| 1 | FEC ID number | С |
|----|---------------|---|
| 2. | FEC ID number | С |
| 3. | FEC ID number | C |
| 4. | FEC ID number | С |

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

| Mailing Address | 1005 CONGRESS AVE STE 400 | | |
|-----------------|-----------------------------------|----------------------------------|---------------------|
| | | | |
| | | TX 78701 | |
| Relationship: | CITY 🔺 | STATE 🔺 Z | |
| Connected | Organization Affiliated Committee | Joint Fundraising Representative | dership PAC Sponsor |

8. Designated Agent: Identify by name, address (phone number - optional)

| Full Name | | | | |
|-------------------|---|--------|-------------|----------|
| Mailing Address | | | | |
| | | | | |
| | | | | |
| TITLE OR POSITION | • | CITY A | STATE A | ZIP CODE |
| | | Telep | hone 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|--------|--|--|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|--|----------|--|--|--|--|--|--|-----|--|--|--|
| Mailing Address | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | L | | | | | | | | | | | | | | | | | | | | | | | | | | | | . [| | | |
| | | CITY 🔺 | | | | | | | | | | | | | STATE A | | | | | | | ZIP CODE | | | | | | | | | | |