

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See Instructions)

Off. Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
 Freedom Works PAC

ADDRESS (Home or street) 1079 West Round Grove Road
 Suite 300-406
 X (Check if address is changed) Lewisville TX 75067
 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
 7034258352

2. DATE 05 / 27 / 2003

3. FEC IDENTIFICATION NUMBER C C00301366

4. IS THIS STATEMENT X 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 Susan F. Arceneaux

Signature of Treasurer Electronically Filed by Susan F. Arceneaux Date 05 / 27 / 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 800-424-9630
 Local 202-894-1110

FEC FORM 1
 (Revised 02/2003)

5. TYPE OF COMMITTEE (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 the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

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

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Dick Arney PAC _____

Mailing Address _____

1079 Wet Round Grove Road

Suite 300 - 406

Lewisville TX 75067

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship Affiliated _____

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Freedom Works PAC

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 Susan F. Arceneaux

Mailing Address P.O. Box 373

Fairfax Station VA 22039 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 703 - 250 - 0496

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 Susan F. Arceneaux

Mailing Address P.O. Box 373

Fairfax Station VA 22039 -

Title or Position ▼ Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 703 - 250 - 0496

Full Name of Designated Agent Betsy Byrd

Mailing Address 1079 West Round Grove Road

Suite 300-406

Lewisville TX 75067 -

Title or Position ▼ Assistant Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 972 - 315 - 0505

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.

Bank of America

Mailing Address

P.O. Box 25119

Tamp

FL

35322 -

CITY Δ

STATE Δ

ZIP CODE Δ