Only

PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FREEDOM FIRST PAC PO Box 97485 ADDRESS (number and street) (Check if address is changed) Raleigh 27624 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS FFPAC@cmandco.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2020 C00503094 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. McMichael, Collin, , , Type or Print Name of Treasurer McMichael, Collin, , , [Electronically Filed] 07 2020 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

ı	FEC <b>Fo</b>	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE • 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. (Corinformation below.)	nplete the candidate
Nam Cand	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: (National, State	(Democratic,
(d)		This committee is a or subordinate) committee of the	Republican, etc.) Party
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 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	Iraising Representative:	
(g)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t	
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.	
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.		

FEC <b>Form 1</b> (Revised (	02/2009)	Page <b>3</b>
Write or Type Committee Name		9- \$
FREEDOM FIR		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in	possession of committee
McMichae	el, Collin, , ,	
Mailing Address	PO Box 97485	
ag / taa. eee		
	Raleigh NC 2762	24
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 919	- 889 - 1817
Treasurer: List the name an any designated agent (e.g., a	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name McMichael of Treasurer	I, Collin, , ,	
Mailing Address	PO Box 97485	
	Raleigh NC 2762	24
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 919	889 - 1817

FEC Form 1 (R	evised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposi		
safety deposit boxes or	r maintains funds. tory, etc.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. tory, etc.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. tory, etc.	
safety deposit boxes of Name of Bank, Deposi	r maintains funds. tory, etc.	27615
safety deposit boxes of Name of Bank, Deposi	r maintains funds.  tory, etc.  iist  9111 Litchford Rd	
safety deposit boxes of Name of Bank, Deposi	r maintains funds.  tory, etc.  iist  9111 Litchford Rd	
safety deposit boxes of Name of Bank, Deposi	r maintains funds.  tory, etc.     9111 Litchford Rd	27615   27615
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	r maintains funds.  tory, etc.     9111 Litchford Rd	
Name of Bank, Deposition  Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition  First	r maintains funds.  tory, etc.  9111 Litchford Rd  Raleigh  CITY  STATE  tory, etc.	27615   27615
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	r maintains funds.  tory, etc.   9111 Litchford Rd  Raleigh  CITY  STATE  tory, etc.  st Citizens Bank	27615   27615
Name of Bank, Deposition  Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition  First	r maintains funds.  tory, etc.	27615 ZIP CODE
Name of Bank, Deposition  Name of Bank, Deposition  Mailing Address  Name of Bank, Deposition  First	r maintains funds.  tory, etc.   9111 Litchford Rd  Raleigh  CITY  STATE  tory, etc.  st Citizens Bank	27615   27615