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DEPARTMENT OF STATE

RICHARD E. COATES
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2016 MAY 19 PM 4:44

DIVISION OF ELECTIONS
TALLAHASSEE, FL

115 EAST PARK AVENUE, SUITE 1
TALLAHASSEE, FLORIDA 32301
(850) 681-1029
FAX: (208) 248-9038

May 18, 2016

Ms. Kristi Bronson
Division of Elections
Room 316, R.A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399-0250

RE: ECONOMIC FREEDOM FOUNDATION

Dear Ms. Bronson:

Attached please find a new *Statement of Organization of Political Committee* (Form DS-DE 9) for the entity, *Economic Freedom Foundation*. Thank you in advance for your assistance.

If you have any questions or concerns, please call me at 681-1029.

Sincerely,



Bucky Mitchell

Attachment

HAND DELIVERED

**STATEMENT OF ORGANIZATION
OF POLITICAL COMMITTEE**

(PLEASE TYPE)

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DIVISION OF ELECTIONS
TALLAHASSEE, FL

1. Full Name of Committee

ECONOMIC FREEDOM FOUNDATION

Telephone

Mailing Address (include city, state and zip code)

8489 Cabin Hill Road, Tallahassee, FL 32311

Street Address (include city, state and zip code)

8489 Cabin Hill Road, Tallahassee, FL 32311

2. Affiliated or Connected Organizations (includes other committees of continuous existence and political committees)

Name of Affiliated or Connected Organization	Mailing Address	Relationship
N/A		

3. Area, Scope and Jurisdiction of the Committee

Statewide political committee to support or oppose candidates for statewide, multi-county, legislative, county and municipal office, and other activities not prohibited by chapter 106, Florida Statutes.

4. Nature of Organization or Organization's Special Interest (e.g., medical, legal, education, etc.)

Political.

5. Identify by Name, Address and Position, the Custodian of Books and Accounts (include treasurer's name)

Full Name	Mailing Address	Committee Title or Position
Noreen Fenner	8489 Cabin Hill Road Tallahassee, FL 32311	Treasurer

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6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Amanda Clark	8489 Cabin Hill Road Tallahassee, FL 32311	Chairman

7. List by Name, Address, Office Sought and Party Affiliation Each Candidate or Other Individual that this Committee is Supporting (if none, please indicate)

Full Name	Mailing Address	Office Sought	Party
To be determined.			

8. List Any Issues this Committee is Supporting: To be determined.

List Any Issues this Committee is Opposing: To be determined.

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Transfer any remaining funds to other section 527 organizations.

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds

Name of Bank or Depository & Account Number	Mailing Address
SunTrust Bank	3522 Thomasville Road, Suite 500 Tallahassee, Florida 32309

12. List all Reports Required to be Filed by this Committee with Federal Officials and the Names, Addresses and Positions of Such Officials, If Any

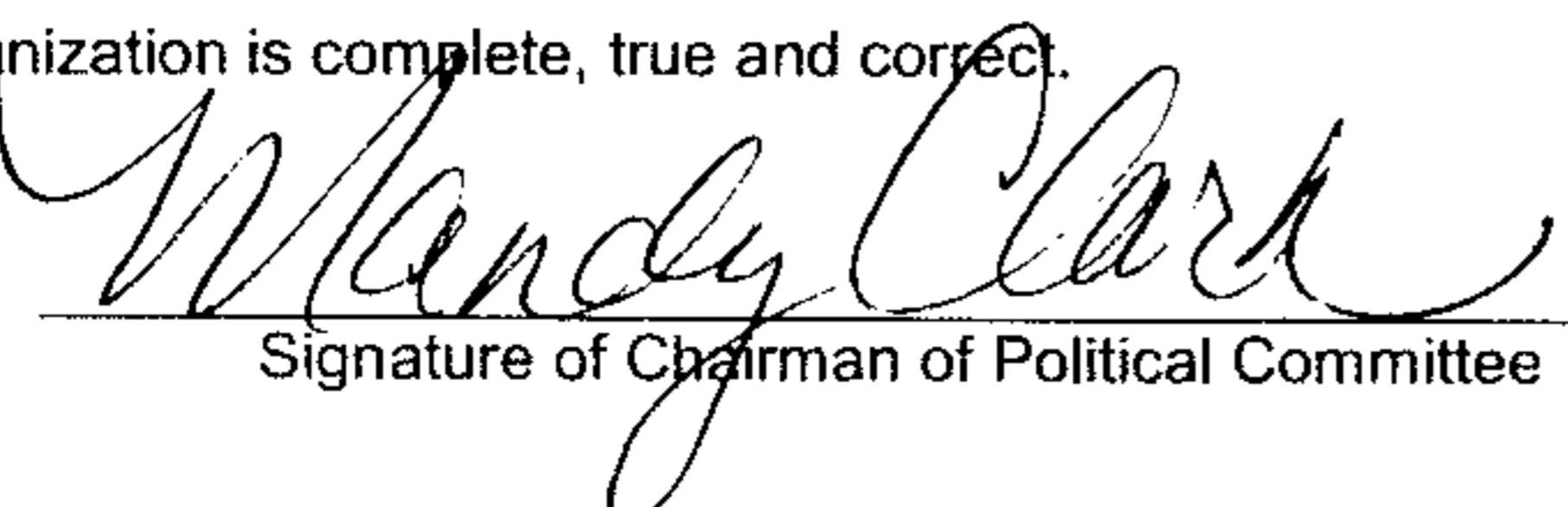
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
Form 8871, Form 1120POL, Form 990, as may be required	Upon formation, March 15, annually May 15, annually	Internal Revenue Service	Ogden, UT 84201

STATE OF Florida

Leon COUNTY

I, Amanda Clark, certify that the information in this Statement of

Organization is complete, true and correct.

X 
Signature of Chairman of Political Committee

5/16/16
Date