



MISSOURI ETHICS COMMISSION
STATEMENT OF COMMITTEE ORGANIZATION

MEC ID # C000776

OFFICE USE ONLY
BJ

STATEMENT DATE 10/20/2010		TYPE OF STATEMENT (CHECK ONE) <input type="checkbox"/> NEW <input checked="" type="checkbox"/> AMENDED		IF AMENDED, LIST ITEMS CHANGED (LINE NUMBERS) 14 Bank account	
3. FULL NAME OF COMMITTEE Freedom Inc.					
4. COMMITTEE MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :				5. TELEPHONE NUMBER	
6. TREASURER'S NAME					
7. TREASURER'S MAILING ADDRESS ADDRESS: CITY / STATE / ZIP :				8. TELEPHONE NUMBER HOME: WORK:	
9. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER					
10. DEPUTY TREASURER'S ADDRESS ADDRESS: CITY / STATE / ZIP :				11. TELEPHONE NUMBER HOME: WORK:	
12. OTHER COMMITTEE OFFICERS (IF ANY) A. NAME : B. ADDRESS : C. TITLE :				13. IF CANDIDATE HAS OTHER COMMITTEES, IS THIS COMMITTEE DESIGNATED AS THE AGGREGATING COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
14. OFFICIAL FUND DEPOSITORY: CHECKING ACCOUNT FIRST, THEN ANY SAVINGS ACCOUNT(S) A. BANK, N, OR CREDIT UNION : B. ACCOUNT NAME : C. ACCOUNT NO. :					
15. TYPE OF COMMITTEE <input type="checkbox"/> CANDIDATE <input type="checkbox"/> POLITICAL PARTY <input type="checkbox"/> POLITICAL ACTION (PAC) <input type="checkbox"/> CAMPAIGN <input type="checkbox"/> EXPLORATORY <input type="checkbox"/> DEBT SERVICE					
16. CANDIDATE SUPPORTED (CANDIDATE COMMITTEES ONLY) A. NAME : B. ADDRESS : C. TELEPHONE NO. : D. POLITICAL PARTY :					
17. CONNECTED ORGANIZATION (IF ANY) (CONTINUING COMMITTEES ONLY) A. NAME : B. ADDRESS :					
18. CANDIDATES SUPPORTED OR OPPOSED A. NAME(S) OF CANDIDATE(S) : B. ELECTION DATE : C. OFFICE SOUGHT :		D. POLITICAL SUBDIVISION :		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
19. BALLOT MEASURE(S) SUPPORTED OR OPPOSED A. NAME(S) OF MEASURE(S) : B. ELECTION DATE :		C. SUBJECT AND POLITICAL SUBDIVISION :		CHECK ONE E. SUPPORT <input type="checkbox"/> F. OPPOSE <input type="checkbox"/>	
20. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. <u>Carl Evans</u> 10/20/10 TREASURER'S SIGNATURE			21. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS STATEMENT IS COMPLETE, TRUE AND ACCURATE. _____ CANDIDATE'S SIGNATURE		

Missouri Ethics Commission
OCT 26 2010