



Campaign Finance Section  
Statement of Organization

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CANDIDATE COMMITTEE

POLITICAL ACTION COMMITTEE

POLITICAL COMMITTEE

3rd PARTY ADVERTISER

In order to register with the Campaign Finance Section of the Office of the State Election Commissioner, you must complete a Statement of Organization. If any information for your organization changes, you must complete an amended Statement of Organization and submit it to the Campaign Finance Section.

NEW

AMENDED

REVISION NUMBER : ( 7 )

DATE OF ORIGATION :

03/08/2013

**ORGANIZATIONAL DATA**

FULL ORGANIZATION NAME :

Liberty PAC

OTHER NAME :

PHYSICAL ADDRESS :

11360 Chipmans Pond

Laurel

Delaware

19959

ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS :

11360 Chipmans Pond

Laurel

Delaware

19959

ADDRESS

CITY

STATE

ZIP

CONTACT INFORMATION :

(302) 841-8716

OFFICE PHONE

FAX NUMBER

thelibertypac1@yahoo.com

EMAIL ADDRESS

www.thelibertypac.com

WEB ADDRESS

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## ORGANIZATIONAL DATA (Continued)

NAME, OFFICE SOUGHT AND PARTY AFFILIATION OF ANY CANDIDATE(S) WHOM COMMITTEE IS SUPPORTING OR OPPOSING:

Name	Office Sought	Party Affiliation	Position	Status
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NAME OF PARTY IF ENTIRE TICKET IS SUPPORTED:

DEMOCRATIC     REPUBLICAN     OTHER \_\_\_\_\_

SHORT STATEMENT OF PURPOSE :

The purpose of forming a political action committee is to raise funding (money) for political candidates and encourage Americans to join interest groups.

ARE YOU FILING REPORTS WITH AN OUT OF STATE AGENCY OR THE FEDERAL ELECTION COMMISSION ?

Yes                       No

PARTY AFFILIATION :

DEMOCRATIC     REPUBLICAN     OTHER \_\_\_\_\_

LIST FULL NAME OF PARTY

## OFFICER DATA

NAME OF TREASURER :

Lacey Lafferty

PHYSICAL HOME ADDRESS :

11360 Chipmans Pond Road	Laurel	Delaware	19956
ADDRESS	CITY	STATE	ZIP

MAILING ADDRESS :

11360 Chipmans Pond Road	Laurel	Delaware	19956
ADDRESS	CITY	STATE	ZIP

CONTACT INFORMATION :

(302) 393-3998	(302) 875-4013
WORK PHONE	HOME PHONE
(302) 841-8716	
CELL PHONE	FAX NUMBER
beeszer2002@yahoo.com	
EMAIL ADDRESS	



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**OFFICER DATA(Continued)**

NAME OF ADDITIONAL OFFICER :

**Mr. Vince F Calabro**

ROLE :

**Other**

PHYSICAL HOME ADDRESS :

**12890 County Seat Hwy**

**Laurel**

**Delaware**

**19956**

ADDRESS

CITY

STATE

ZIP

MAILING ADDRESS :

**12890 County Seat Hwy**

**Laurel**

**Delaware**

**19956**

ADDRESS

CITY

STATE

ZIP

CONTACT INFORMATION :

WORK PHONE

HOME PHONE

**(631) 897-1738**

CELL PHONE

FAX NUMBER

**cenzo981@aol.com**

EMAIL ADDRESS

**CERTIFICATION**

I authorize that all information included in this Statement of Organization is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that the Office of the State Election Commissioner will perform periodic audits of all information provided by the candidate and treasurer listed on this report as well as other officers of my organization. I understand that all advertising signs must comply with the Delaware DOT Sign Law.

*Larry Lafferty*

3/7/15

TREASURER SIGNATURE

DATE

STATE OF

DELAWARE

COUNTY OF

SUSSEX

SWORN AND SUBSCRIBED BEFORE ME THIS

7 day of MARCH, 2015

*Vincent P. Calabro*

NOTARY PUBLIC

State of Delaware County of Sussex  
On this 7 day of MARCH, 2015

before me, the undersigned notary public, personally appeared

proved to me through satisfactory evidence of identification, which were driver's license  
to be the person whose name is signed on the preceding or attached document and  
acknowledged to me that he/she signed it voluntarily for its stated purpose.

*Vincent P. Calabro*

VINCENT PATRICK CALABRO JR., Notary Public Notary Comm. # 0008413  
My Commission Expires July 2, 2014

