

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 JUL 23 AM 11:39

Office Use Only

1. NAME OF COMMITTEE (in full)



(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

NUNN FOR SENATE CLINIC

ADDRESS (number and street)

303 Peachtree Street



(Check if address is changed)

Suite 5300

Atlanta

CITY

GA

STATE

30308

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

NUNNFORSENATE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM/DD/YYYY 07/23/2013

3. FEC IDENTIFICATION NUMBER

C

4. 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.

Type or Print Name of Treasurer Lisa M. Borders

Signature of Treasurer

Lisa M. Borders

Date

MM/DD/YYYY 07/22/2013

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 Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

13020354046

5. TYPE OF COMMITTEE

**Candidate 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. (Complete the candidate information below.)

Name of Candidate M, A, R, Y, M, I, C, H, E, L, L, E, N, U, N, N

Candidate Party Affiliation D E M Office Sought:  House  Senate  President State G A District

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

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - 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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- 1. \_\_\_\_\_ FEC ID number C
- 2. \_\_\_\_\_ FEC ID number C
- 3. \_\_\_\_\_ FEC ID number C
- 4. \_\_\_\_\_ FEC ID number C

13020354049

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

[Empty address fields]

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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 GORDON, GIFFLIN

Mailing Address 303 Peachtree Street

Suite 5300

Atlanta GA 30308

Title or Position

CITY

STATE

ZIP CODE

Chairman

Telephone number 404-527-4000

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 LISA M. BORDERS

Mailing Address 538 Centennial Olympic Pk Drive, N.W.

[Empty address fields]

Atlanta GA 30313

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 678-362-7361

13020354050

Full Name of Designated Agent

A n d r e w F e i l e r

Mailing Address

1 2 3 2 M a n s f i e l d A v e n u e

A t l a n t a G A 3 0 3 0 7 -

CITY

STATE

ZIP CODE

Title or Position

A S S T . T R E A S U R E R

Telephone number

- -

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.

S U N T R U S T B A N K

Mailing Address

1 1 7 5 P e a c h t r e e S t r e e t , N E

A t l a n t a G A 3 0 3 6 1 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13020354051

NANCY ERICKSON  
SECRETARY

DANA K. MCCALLUM  
SUPERINTENDENT

HART SENATE OFFICE BUILDING  
SUITE 232  
WASHINGTON, DC 20510-7116  
PHONE: (202) 224-0322

# United States Senate

OFFICE OF THE SECRETARY  
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED 7-23-13  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE  
FEDERAL EXPRESS \_\_\_\_\_

NEXT BUSINESS DAY DELIVERY

UPS \_\_\_\_\_

DHL \_\_\_\_\_

AIRBORNE EXPRESS \_\_\_\_\_

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

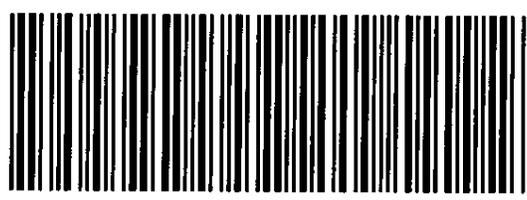
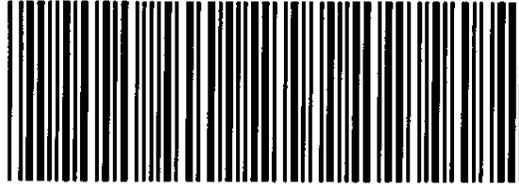
FAX \_\_\_\_\_  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DH

DATE PREPARED 7-23-13

13020354052



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