add State & District

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TION COMMISSION. 20463

April 6, 2012

Response Due Date

RQ-1

NATHAN C. RUSSO, TREASURER COMMITTEE TO ELECT NATHAN RUSSO U.S. **HOUSE GA DIST 1 2012 AKA A CONGRESS** FOR THE PEOPLE 800 MALLERY ST., APT. 98 ST. SIMONS ISLAND, GA 31522-4048

IDENTIFICATION NUMBER: C00516617

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

202 (941170

05/11/2012

This letter is prompted by the Commission's preliminary review of the filing referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received at the Commission by the response date noted above. Additional information is needed for the following 1 item(s):

- Your Statement of Organization (FEC Form 1) reports information about a Principal Campaign Committee; however, your filing fails to disclose information about the candidate. Commission Regulations require that the Statement of Organization disclose the name of the candidate, the office sought (including State and Congressional district, when applicable), and party affiliation of the candidate. (11 CFR 102.2(a)(v)). Please amend your Statement of Organization to include the State and Congressional District.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

Electronic filers must file amendments (to include statements, designations and reports) in an electronic furmat and must submit an amended report in its entirety, rather than iust those portions of the report that are being amended. If you should have any

FEC FORM 1

STATEMENT OF **ORGANIZATION**

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FECOM AND ONCENTER

1.	NAME OF		
	COMMITTEE	(in	full

NAME OF COMMITTEE (in full)	(Check if name Example: If typing over the lines.	g, type 12FE4M5	i
	O ELECT NATHAN N AKA A CONGRESS	FOR THE	• •
ADDRESS (number and street)	800 MALLERY ST	APT 98	
(Check if address is changed)	ST SIMONS ISLAND	S GA	B1 522 4048
₹ 	CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	S (Please provide only one e-mail address)		,
(Check if address is changed)	info Q a congress	forther	rople.com
COMMITTEE'S WEB PAGE ADD		rthepeople	onggin sub produkti of gre e-Compa a g
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3. FEC. DENTIFICATION NU	or a so war of a most	, with the $\mathcal{M}_{\mathcal{A}}^{\mathrm{total}}$	
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4. IS THIS STATEMENT	NEW'(N) '': 'OR '' 'AMEND	DED (A)	i di salah kang bermalah di salah bermalah di salah bermalah di salah bermalah bermalah bermalah bermalah berm Bermalah bermalah ber
Type or Print Name of Treasurer Signature of Treasurer	Statement and to the best of my knowledge a NATHAN CRU POLIFICA CRUSH	SS0	1 and complete.
	ous, or incomplete information may subject the personny CHANGE IN INFORMATION SHOULD BE REL		,
Office Use Only			FEC FORM 1 (Revised 02/2009)

FEC Fo	rm 1 (Revised 02/2009)			•		Page 2
TYPE OF C	OMMITTEE Committee:	•				
(a) X	This committee is a p	rincipal campai	ign committee.	(Complete the candidate	information belo	w.)
(b)	This committee is an information below.)	authorized corr	nmittee, and is	NOT a principal campai	gn committee. (C	omplete the candidate
Name of Candidate	NATHAN	CRU	580		<u> </u>	
Candidate Party Affiliation	on DEM	Office Sought:	House	e Senate	President	State Ga District
(c)	This committee suppo	rts/opposes on	ly one candidat	te, and is NOT an autho	orized committee.	
Name of Candidate						
Party Con	nmittee:					-
(d)	This committee is a		(National, S or subordin	State late) committee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (I	PAC):				
(e)	This committee is a s	eparate segreg	ated fund. (Ider	ntify connected organizat	ion on line 6.) Its (connected organization is a:
	Corporation		(Corporation w/o Capital	Stock	Labor Organization
	Membership (Organizatian	7	Trade Association		Cooperative
	In add	tion, this comm	ittee is a Lobbyi	st/Registrant PAC.		
(f)	This committee suppo committee. (i.e., nonce			ederal candidate, and is	NOT a separate	segregated fund or party
	In addition, this	committee is a	Lebbyist/Regis	strant PAC.		
	In addition, this	s committee is a	Leadership PA	.C. (Identify sponsor on li	ne 6.)	
Joint Fund	Iraising Represent	ative:				
(g)				g expenses and disburse authorized committee of		
(h)				g expenses and disburse zed committee of a feder		two or more political
Com	mittees Participating	in Joint Fund	raiser			
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2.		أنا أن أيسا سفد	1	, FEC ID	number C	
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Name of Any Connecte	ed Organization, Af	filiated Committee, Jo	int Fundraising Representative	e, or Leadership PAC Sponsor
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Mailing Address				<u></u>
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	1 1 1			L 12.12
		CITY	STATE	ZIP CODE
Relationship: Conne	ected Organization	Affiliated Committee	Joint Fundraising Represent	tative Leadership PAC Spor
books and records. Full Name Mailing Address	TANN C	RUSSO		person in possession of commit
Full Name NA	PO BO	RUSSO	AND GA	ያ/ <i>5</i> ኢጊ 8 ዲን
Full Name NAT	THAN C PO BO ST SI	RUSSO X 20274 WONS ISO	AND STATE	
Full Name Mailing Address Title or Position CAUPATGN Treasurer: List the name	PO BO ST SI DIRECT	RVSSD X 20274 WONS ISO CITY	AND STATE	B/522 82) ZIP CODE 17, 789 536
Full Name Mailing Address Title or Position CAUPATGN Treasurer: List the name any designated agent (e.	PO BO ST SI DIRECT	RUSSO X 20274 WOWS ISO CITY OR e number optional) or	STATE Telephone number	B/5スス: 827 ZIP CODE //子: フタタ: 536 e; and the name and address o
Full Name Mailing Address Title or Position CAMPATGN Treasurer: List the name any designated agent (e. Full Name of Treasurer)	PO BO ST SI DIRECT and address (phone of assistant treasure) HAN C PO BO	RUSSO X 20274 WOWS ISO CITY OR e number optional) or	STATE Telephone number To the treasurer of the committee	B/5スス: 827 ZIP CODE //子: フタタ: 536 e; and the name and address o
Full Name Mailing Address Title or Position CAUPATGN Treasurer: List the name any designated agent (e.	PO BO ST ST DIRECT and address (phonog., assistant treasure	RUSSO X 20274 LONS ISO CITY OR e number optional) of ar). RUSSO X 20244	STATE Telephone number Telephone number	3/522 827 ZIP CODE /7: 789 536 e; and the name and address o
Full Name Mailing Address Title or Position CAMPATGN Treasurer: List the name any designated agent (e. Full Name of Treasurer NA7	PO BO ST ST DIRECT and address (phonog., assistant treasure	RUSSO RUSSO RUSSO RUSSO A 2024	STATE Telephone number Telephone number The treasurer of the committee AND: STATE	3/522 827 ZIP CODE //7: 788 536 e; and the name and address o

	Revised 02/2009)		Page 4
Full Name of Designated Agent	·		
Mailing Address	والمتعارض والمتاريخ المتاريخ المتعارض والمتعارض والمتعار	_ 	
	I de la company de la comp	·	
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Title or Position	CITY	STATE	ZIP CODE
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Name of Bank, Depos Mailing Address Name of Bank, Depos	INK OF THE OZARKS VEG9 FREDERICA RD ST SIMONS ISLAND CITY	GA	31522
safety deposit boxes o Name of Bank, Depos Mailing Address Mailing Address	INK OF THE OZARKS VEG9 FREDERICA RD ST SIMONS ISLAND CITY	GA	31522
Name of Bank, Depos Mailing Address Name of Bank, Depos	INK OF THE OZARKS VEG9 FREDERICA RD ST SIMONS ISLAND CITY	GA	31522

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED

(3/2005)