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FEC FORM 1

STATEMENT OF ORGANIZATION

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__Office, Use Only CNIFR

1. NAME OF COMMITTEE (in full) 1. NAME OF COMMITTEE (in full) 1. Check if address is changed) 1. STARE MOUNTAINE (Check if address is changed) 1. COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) 1. COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) 1. COMMITTEE'S WEB PAGE ADDRESS (URL) 1. COMMITTEE'S WEB PAGE ADDRESS (URL) 2. DATE 0.3 2.2 3.0 3.2 3.2 3.0 3.3 3.2 3.2 3.3 3.2 3.3 3.2 3.3 3.2 3.3 3.2 3.3 3.2 3.3 3.3				- Applied to be family 1 - F
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(Check if address is changed) STITUTE. MOUNT ALLY. CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE O.3. FEC IDENTIFICATION NUMBER COO.3.72.62.3 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 Morollan J. March Signature of Treasurer Morollan J. March Date O.3. Office Federal Election Committee 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. FEC FORM 1	Kirnends of	Catherine		
(Check if address is changed) STITUTE: STATE CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE O. 3				
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE 3. FEC IDENTIFICATION NUMBER COO372423 4. IS THIS STATEMENT NEW (N) OR AMENDED (A) 1. 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 1. DATE Signature of Treasurer 1. DATE Signature of Treasurer 1. DATE COTICE Signature of Treasurer 1. DATE COTICE For further information contact: For further information: For further information: FEC FORM 1	ADDRESS (number and street)	5011 Owen	MULLITIKALIA	4
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COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) Check if address is changed) 2. DATE CATHELY INCOMINET COMINET COMINE	is changed)	Istiane mau	ntaun	6A 30083-
(Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 2. DATE O.3 'Q.2' (A.O.1.2) 3. FEC IDENTIFICATION NUMBER COO.3.72.623 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 Morolase 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 Office Office Fectoral Election Commission FEC FORM 1			CITY	STATE ZIP CODE
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2. DATE 0.3 22 2012 3. FEC IDENTIFICATION NUMBER COO3.72623 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 Signature of Treasurer Morolls J June 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. For further Information contact: FEC FORM 1			· J	
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			Federal Election Commis	sion FEC FURIVI I

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		OMMITTEE • Committee:	
(a)	Χ	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. (Compinformation below.)	lete the candidate
Nam Cano	e of lidate	Catherine Davis	
	didate / Affiliati	on Rep Office X House Senate President	State GA District D4
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cano	e of lidate		
Par	ty Con	nmittee:	
(d)	4 !		Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)	,	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	nected 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 secommittee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	it Fund	draising Representative:	
(g)	·. . ·	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a ferieral candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	retorio de electro. Li duelle el colonio d
	3.	· FEC ID number C	
	4.		

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	FEC Form 1 (Revise		Page 3
W	Irite or Type Committee Na	me	
	Name of Any Connector	Overnization Affiliated Committee Joint Fundraising Penrocentative or Londership	PAC Sponsor
6.	Name of Any Connected	l Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
L			
	Mailing Address		
		CITY STATE ZII	PCODE
	Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Leade	rship PAC Sponso
	. 22	th. It was	
7.	Custodian of Records: k books and records.	dentify by name, address (phone number optional) and position of the person in posse	ssion of committee
	Full Name Thio	rolese Juanita Hunt	
	Mailing Address	15/800 Martin Grove Drive NW	1 1 1 1 1
			<u> </u>
		1616 BOOM	7
	Title or Position	CITY STATE ZII	CODE
	Tilieraisiui kei	Telephone number 770 - 38	11-17.05
8.	Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; and the name ., assistant treasurer).	and address of
	Full Name of Treasurer	rollese Juanita Hunt	1 1 1 1 1 1 .
	Mailing Address	5800 Martin Grove Dirive NW	<u> </u>
			<u> </u>
		6,At 3,0,04	
	Title or Position	7- ^	CODE
	Tireasure	Telephone number	11-1705

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of			
Designated Agent			
Mailing Address			
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	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	<u></u> - <u> </u> -
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safety deposit boxes or Name of Bank, Deposit	ory, etc.		
LBC	ink of America		
Mailing Address	B.5.42 Satite Lut	ie blvd	1 1 1 1 1 1 1 1 1
	DULUTH	GAJ	B0096-L
	CITY	STATE	ZIP CODE
Name of Bank, Deposit	tory, etc.		
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Mailing Address			
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	CITY	STATE	ZIP CODE

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