## 12030711864

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	I LO TIMIL OLIV
JOHN HOUSE	IFIDIR ICIONIEIRI	EISISIIIIIII		
	<del></del>		<u></u>	
ADDRESS (number and street)	[PO BOX 1811	95111111		
(Check if address		1111111		
is changed)	CIOILIUIMBIUISI		6A 3	(1908)-
	(	СПУ	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	mail address)		
(Check if address	linfo e Jo	hnHouse-US	) )	
is changed)				
COMMITTEE'S WEB PAGE ADD	DRESS (URL)			
(Check if address	IMWW.Johr	- House - US	2	
is changed)	<u> </u>			
2. DATE OF O	B'ZÖJÖ IMBER C			
3. FEC IDENTIFICATION NO	MIDER			
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		
I certify that I have examined th	is Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasurer	Alton R	- Nuncan		
Signature of Treasurer		la-	Date 0	'08' Zo12
NOTE: Submission of false, errone	ous, or incomplete information n			penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commissi Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF CO	<del>-</del>						
	Committee:						
(a) X	This committee is a princip	al campaign	comm	ittee. (Comp	lete the candidate inf	ormation belov	v.)
(b)	This committee is an authorinformation below.)	orized comm	ittee, a	nd is NOT a	ı principal campaign c	committee. (Co	mplete the candidate
Name of Candidate	MINIMINI MI H	10105E	<u> </u>			<del></del>	
Candidate	۸ - ۸	Office					State
Party Affiliation	on REP	Sought:	<b>X</b>	House	Senate	President	District
(c)	This committee supports/op	oposes only	one ca	ndidate, and	is NOT an authorize	d committee.	
Name of Candidate							
Party Com	nmittee:		40.0				
(d)	This committee is a		•	onal, State bordinate) d	ommittee of the		(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC)	):		·			
(e)	This committee is a separa	ate segregate	ed fund	. (Identify co	nnected organization of	on line 6.) Its $lpha$	onnected organization is a
	Corporation			Corpoi	ation w/o Capital Stoc	*	Labor Organization
	Membership Organ	nization		Trade	Association		Cooperative
	In addition,	this committe	e is a l	_obbyist/Re	istrant PAC.		
<b>(f)</b>	This committee supports/opcommittee. (i.e., nonconnection)			one Federal	candidate, and is NO	T a separate :	segregated fund or party
	In addition, this com	mittee is a L	obbyist	/Registrant I	PAC.		
	In addition, this com	mittea is a L	endersi	nip PAC. (Id	entify spansor on liae 6	<b>5.</b> )	
Joint Fund	raising Representative	):					
(g)	This committee collects cont committees/organizations, a						
(h)	This committee collects cont committees/organizations, ne						two or more political
Comr	mittees Pa <b>stic</b> ipeting in <b>J</b> o	int Fundrai	i <b>s</b> er				
1.		111			FEC ID num	nber C	
2.			1 1		FEC ID num	nher C	
3.				1	FEC ID num		

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Write or Type Committee N				
John H	ouse for	Congress		
6. Name of Any Connects	od Organization, Aff	iliated Committee, Join	t Fundraising Representa	tive, or Leadership PAC Sponsor
	11111			
	<del></del>		<del> </del>	<u> </u>
	<del></del>	111111	<del>-                                    </del>	<del> </del>
Mailing Address				<del>                                     </del>
		111111		
		CITY	STAT	L ZIP CODE
Relationship: Conne	cted Organization	Affiliated Committee	Joint Fundraising Repres	entative Leadership PAC Sponsor
, iolasona np.	0.00 0.ga.,23.011			
7. Custodian of Records: books and records.	dentify by name, add	dress (phone number	optional) and position of the	ne person in possession of committee
Full Name	ton RD	uncan		<u> </u>
Mailing Address	6232	PSALMOND	ROAD	
		<u> </u>		
	Midla	ad	16A	131820-1
Title or Position		CITY	STATE	ZIP CODE
Trieasure	<u> </u>		Telephone number	17061-1580-10278
8. <b>Treasurer:</b> List the name any designated agent (e.g			the treasurer of the commit	ttee; and the name and address of
Full Name of Treasurer	ridini i Ri i Ni	UINICIAINI		
Mailing Address	62321	PISIAILMIOINIDI	IRIDIAN I I I	
	MIALA	CITY	STATE	3,1,8,2,0,
Title or Position	<b>4</b>	ı	Telephone number	706-1580-10278

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Full Name of Designated Agent	Iton R. Duncan		
Mailing Address	16232 PS.Almond RC	),A,D	
	Mibland	L GA	318201-1
	CITY	STATE	ZIP CODE
Title or Position	[e] Telepi	. ı7.	06-1580-10278
LIVEASIAN	letepi	none number /	<u> </u>
. Banks or Other Department Safety deposit boxes	positories: List all banks or other depositories in which the or maintains funds.	committee deposits	funds, holds accounts, rents
Name of Bank, Depo	ository, etc.		
M	HEILILISI IFIAIRIGIOI IBIAINIKI I I I		
Mailing Address	5151910 IMLILIGIEINI IROIAIDI	1-1-1-1-1	
		<del></del>	
	CIOILIUIMBIUISI		1311910171-
	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L	<u> </u>		
Mailing Address			
		ليا لي	
	CITY	STATE	ZIP CODE

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No Postmark	· ,
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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
Other (Specify):	eceipt or Postmarked
a	1/20/12
PREPARER (3/2005)	DATE PREPARED
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