PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only Example: If typing, type NAME OF (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Rick W. Allen for Congress P. O. Box 338 ADDRESS (number and street) (Check if address is changed) Augusta 30903 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS elizabeth@capitolstrategy.us (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.rickwallenforcongress.com (Check if address is changed) DATE 03 2014 C00504019 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. E. G. Meybohm Type or Print Name of Treasurer E. G. Meybohm [Electronically Filed] 07 03 2014 Signature of Treasurer Date 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. **FEC FORM 1** 

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

FEC F	<b>prm 1</b> (Revised 02/2009)	Page <b>2</b>
	COMMITTEE	
(a) X	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. (Cominformation below.)	plete the candidate
Name of Candidate	Richard Allen	
Candidate Party Affilia	tion REP Office X House Senate President	State GA District 12
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co		/Dama aratia
(d)		(Democratic, Republican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 se committee. (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.)	
Joint Fun	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal 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
Cor	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
1		

ı	FEC Form 1 (Revis	and 02/2000)	Page <b>3</b>
W	rite or Type Committee N		гауе <b>3</b>
		for Congress	
6.		ed Organization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership BAC Spensor
	-		or Leadership PAC Sponsor
Y	oung Guns Day II	<u>2014                                     </u>	
	Mailing Address	228 S. Washington Street	
	Walling Address	Suite 115	
		Alexandria VA	22314
		CITY STATE	ZIP CODE
		SIALE	Zii CODE
	Relationship: Conne	ected Organization Affiliated Committee X Joint Fundraising Representation	ive Leadership PAC Sponsor
<b>'</b> .	<b>Custodian of Records:</b> books and records.	Identify by name, address (phone number optional) and position of the per	rson in possession of committee
	I	peth Barton	
	Full Name	2700 Cumberland Pkwy	
	Mailing Address	Ste 150	
		Atlanta , GA	,30339
		Atlanta	
	Title or Position	CITY STATE	ZIP CODE
	Custodian		04 - 285 - 0999
	<b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; a.g., assistant treasurer).	and the name and address of
	Full Name E. G. N	Meybohm	
	of Treasurer		
	Mailing Address	815 Milledge Road	
		Augusta	30904
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	70	06 736 3375

I		
FEC <b>For</b> n	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of		
Designated Agent		
Mailing Address		
		[-] [
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit be Name of Bank, I		nolds accounts, rents
safety deposit bo Name of Bank, I	oxes or maintains funds.	nolds accounts, rents
safety deposit bo	Depository, etc.  Georgia Bank & Trust	nolds accounts, rents
safety deposit bo Name of Bank, I	Depository, etc.  Georgia Bank & Trust  PO Box 15387	
safety deposit bo Name of Bank, I	Depository, etc.  Georgia Bank & Trust  PO Box 15387	
safety deposit bo Name of Bank, I	Depository, etc.  Georgia Bank & Trust  PO Box 15387	
safety deposit bo Name of Bank, I	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE	19
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE	19
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE	I9 ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE  Depository, etc.	I9 ZIP CODE
Safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE  Depository, etc.	I9 ZIP CODE
safety deposit be Name of Bank, I Mailing Address	Depository, etc.  Georgia Bank & Trust  PO Box 15387  Augusta  CITY  STATE  Depository, etc.	I9 ZIP CODE