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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Friends of Robert Nowak

ADDRESS (number and street) P.O. Box 4983

☐ (Check if address is changed)

MACON GA 31208-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

robertnowak@nowakforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nowakforcongress.com

COMMITTEE'S FAX NUMBER

-- -

2. DATE 10 / 01 / 2007

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 Alva London

Signature of Treasurer Alva London Date 10 / 01 / 2007

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 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(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: ROBERT NOWAK

Candidate Party Affiliation: DEM

Office Sought: ☑ House ☐ Senate ☐ President

State: GA

District: 08

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

Name of Candidate:

(d) ☐ This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

27039532037

Write or Type Committee Name

Friends of Robert Nowak

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: ROBERT NOWAK

Mailing Address: 3120 Brookwood Dr Apt A

MACON | GA | 31204-

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

CANDIDATE | Telephone number 478-741-0163

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: ALVA LONDON

Mailing Address: 4501 SHERIDAN DR #1334

MACON | GA | 31210-

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

EDUCATOR | Telephone number 478-471-8554

Full Name of Designated Agent

Mailing Address

Title or Position▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number

27039532038

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.

SUNTRUST BANK MIDDLE GEORGIA

Mailing Address 3201 VINEVILLE AVE

MACON GA 31204-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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Federal Election Commission
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PREPARER	10/2/07 DATE PREPARED

(3/2005)

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