Image# 2016031690097	67069					PAGE 1 / 4
FEC FORM 1		STATEME ORGANIZ		-		Office Use Only
1. NAME OF COMMITTEE (in f	ull)	(Check if name is changed)		mple:If typing, type ^r the lines.	12FE4M5	
				ule lines.		
ADDRESS (number and	street)	POST OFFICE BOX 157				
× < (Check if ad is changed)	dress	887 Suches Creek Road				
is changed)		SUCHES		1	GA	30572
					STATE ▲	ZIP CODE A
COMMITTEE'S E-MAIL	ADDRES	SS				
(Check if ad is changed)	dress	silviafontaine43@gma				
is changed)		Optional Second E-Mail A	ddress			
		bernardfontaine40@	^y gmail.	.com		
COMMITTEE'S WEB F (Check if ad is changed)		DRESS (URL)	n 			
2. DATE 03	/ D 11	D / Y Y Y Y 2016				
3. FEC IDENTIFICA	TION NU		C0055981	5		
4. IS THIS STATEME	ENT X	NEW (N) OR		AMENDED (A)		
I certify that I have exa	amined th	is Statement and to the bes	st of my l	knowledge and belief it	is true, correct a	and complete.
Type or Print Name of	Traceurer	MRS LINDA FONTAINE VA	UGHN			
Type of Frint Name OF	neasuiel					
Signature of Treasurer	MRS I	INDA FONTAINE VAUGHN		[Electronically Filed]	Date 03	/ D D / Y Y Y Y 16 2016
NOTE: Submission of fa		ous, or incomplete information	-			the penalties of 2 U.S.C. §437g.
Office Use Only				For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

03/16/2016 15 : 17

(d) This committee is a or subordinate) committee of the Reg Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected L (e) Corporation Corporation w/o Capital Stock L (f) Membership Organization Trade Association Corporation (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee) In addition, this committee is a Lobbyist/Registrant PAC. (f) In addition, this committee is a Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) Joint Fundraising 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.	D				
Candidate Committee: (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 information below.) Name of Candidate MR BERNARD ARTHUR FONTAINE Candidate MR BERNARD ARTHUR FONTAINE Candidate President (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Perty Affiliation Party Affiliation REP Vame of Candidate (National, State or subordinate) committee of the Party Committee: (National, State or subordinate) committee of the (d) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected orgonation wito Capital Stock (e) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund. (Identify sponsor on line 6.) In addition, this committee is a Lobby/ist/Registrant PAC. In addition, this committee is a Lobby/ist/Registrant PAC. In addition, this committee is a Lobby/ist/Regis	Page 2				
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	r more political				
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	r more political				
Committees Participating in Joint Fundraiser					
1 FEC ID number C					
2 FEC ID number					
3 FEC ID number C					
4 FEC ID number					

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

BERNARD FONTAINE CAMPAIGN

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address					
	L				
		C	CITY	STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

MRS LIND	DA FONTAINE VAUGHN		
Full Name			
Mailing Address	649 SUGAR CREEK ROAD		
	BLUE RIDGE	GA 30513	
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	946 6199

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	MRS LINDA FONTAINE VAUGHN		
of Treasurer			
Mailing Address	649 SUGAR CREEK ROAD		
		GA	30513
	CITY	STATE	ZIP CODE
Title or Position TREASURER		elephone number	706 946 6199

Full Name of Designated Agent	
Mailing Address	
	887 SUCHES CREEK RD
	SUCHES GA 30572
	CITY STATE ZIP CODE
Title or Position	RER 9776

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.

U			
Mailing Address	POST OFFICE BOX 398		
		GA	30514
	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE