Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. The Campaign to Elect Jimmy McInnis 3817 Drury Drive ADDRESS (number and street) (Check if address is changed) Macaon 31204 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jimmymcinnis2018@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) jimmy2018.com (Check if address is changed) DATE 25 2017 C00633883 FEC IDENTIFICATION NUMBER > 3. 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. McInnis, Todd, , , Type or Print Name of Treasurer McInnis, Todd,,, [Electronically Filed] 02 25 2017 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE • 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. (Complete the candidate information below.)					
Name Cand	e of didate	McInnis, Jimmy, , ,					
	didate / Affiliati	on DEM Office Sought: X House Senate President	State GA District 08				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name Cand							
Parl	ty Con	nmittee:					
(d)		This committee is a (National, State or subordinate) committee of the	(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 co	nnected 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 segregated fund committee. (i.e., nonconnected committee)					
		In addition, this committee is a Lobbyist/Registrant PAC.					
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Join	t Fund	raising Representative:					
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.					
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
	Com	Committees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

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Write or Type Committee Na		
The Campaig	n to Elect Jimmy McInnis	
<u>. </u>	d Organization, Affiliated Committee, Joint Fundraising Representative	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
		_
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponso
books and records. McInni Full Name Mailing Address	s, Todd, , , 45 Deer Run Forsyth GA	31029
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee., assistant treasurer).	ee; and the name and address of
Full Name McInnis	s, Todd, , ,	
Mailing Address	45 Deer Run	
	Forsyth GA	31029
Title or Position Treasurer	CITY STATE Telephone number	ZIP CODE

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Full Name of Designated Agent	<u> </u>	 				
Mailing Address						
	CITY STATE ZII	P CODE				
Title or Position	Telephone number					
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.						
Mailing Address	Capital One PO Box 30285	<u> </u>				
J	Salt Lake City UT 84130					
	CITY STATE ZI	P CODE				
Name of Bank, I	Depository, etc.					
Mailing Address						
	CITY STATE ZI	P CODE				