PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Josh McLaurin for Georgia 12175 Brookfield Club Drive ADDRESS (number and street) (Check if address is changed) Roswell 30075 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS joshmclaurinforga@gmail.com (Check if address is changed) Optional Second E-Mail Address josh mclaurin@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2016 C00629360 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. McLaurin, Martha, , , Type or Print Name of Treasurer McLaurin, Martha, , , [Electronically Filed] 30 2016 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 Only

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Name Cand		McLaurin, Joshua, Ivan, ,	
Candi Party	idate Affiliatio	on DEM Office Sought: * House Senate President	State GA District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candi			
Part	y Con	nmittee:	<i>(</i> D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo 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 s committee. (i.e., nonconnected committee)	egregated 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	Fund	Iraising 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.	wo or more political
(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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

FEC Form 1 (Revise	ed 02/2009)	Page <b>3</b>
Write or Type Committee No		- age v
Josh McLauri		
	ed Organization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
NONE		,
Mailing Address		
	CITY	STATE ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Re	epresentative Leadership PAC Sponsor
7. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position	of the person in possession of committee
	ırin, Martha, , ,	
Full Name	12175 Brookfield Club Drive	
Mailing Address		
	Roswell	GA , 30075
Title or Position	CITY ST	TATE ZIP CODE
	Telephone number	r
8. <b>Treasurer:</b> List the name any designated agent (e.	and address (phone number optional) of the treasurer of the corg., assistant treasurer).	mmittee; and the name and address of
Full Name McLau of Treasurer	rin, Martha, , ,	
Mailing Address	12175 Brookfield Club Drive	
-		
	Roswell	GA    30075    _
Til 8 ''	CITY ST	TATE ZIP CODE
Title or Position		
<b>■</b>		

FEC Form 1 (F	Revised 02/2009)	Page <b>4</b>
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Depos		mines, fields accounts, felics
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  ank of America  700 W Crossville Rd	
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc. ank of America	30075
safety deposit boxes of Name of Bank, Depos	or maintains funds. sitory, etc.  ank of America  700 W Crossville Rd	
safety deposit boxes of Name of Bank, Depos	r maintains funds. sitory, etc.  Ank of America  700 W Crossville Rd  Roswell  CITY  STATE	30075
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Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	r maintains funds. sitory, etc.  Ank of America  700 W Crossville Rd  Roswell  CITY  STATE	30075
Safety deposit boxes of Name of Bank, Deposition Mailing Address  Name of Bank, Deposition Name	r maintains funds. sitory, etc.  Ank of America  700 W Crossville Rd  Roswell  CITY  STATE	30075