

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED

2012 JUN - 7 AM 9:08  
Office Use Only

12FE4MS  
FEC MAIL CENTER

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

DeLoach For Georgia

P.O. Box 3448

ADDRESS (number and street)

(Check if address  
is changed)

Macon

GA 31205 3448

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

ken@deloachforgeorgia.com

(Check if address  
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.delochforgeorgia.com

(Check if address  
is changed)

2. DATE 05 31 2012

3. FEC IDENTIFICATION NUMBER C 00466268

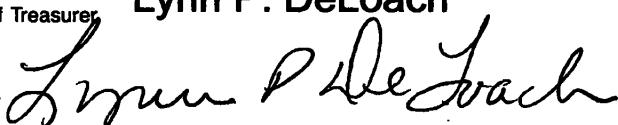
4. IS THIS STATEMENT  NEW (N)  OR  AMENDED (A)

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

Lynn P. DeLoach

Signature of Treasurer



Date 05 31 2012

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  
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Only

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

FEC FORM 1  
(Revised 02/2009)

## 5. TYPE OF COMMITTEE

**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 the candidate information below.)

Name of Candidate

**Kenneth Ray DeLoach**

Candidate Party Affiliation	Rep	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State	GA
						District	02

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

Name of Candidate

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> 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 or party 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.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1. FEC ID number C
2. FEC ID number C
3. FEC ID number C
4. FEC ID number C

**Write or Type Committee Name**

Write or Type Committee Name  
**DeLoach For Georgia**

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

**Mailing Address**

**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.

**Full Name** Kenneth DeLoach

**Mailing Address**

314 Cheyenne Drive

## Warner Robins

GA 31093

**Title or Position**

**CITY**

**STATE**

**ZIP CODE**

## candidate

Telephone number 478 342 0797

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 **Lynn P DeLoach**

**Mailing Address**

**314 Cheyenne Drive**

## Warner Robins

GA 31093

Title or Position

**CITY**

**STATE**

**ZIP CODE**

**Telephone number:**

478 922 3356

Full Name of  
Designated  
Agent

**Adrienne Jones**

Mailing Address

**408 Childers Drive**

**Warner Robins**

**GA 31093**

**CITY**

**STATE**

**ZIP CODE**

Title or Position

**Assistant Treasurer**

Telephone number

**478 954 2707**

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.

**Sun Trust Bank**

Mailing Address

**1903 Watson Blvd**

**Warner Robins**

**GA 31093**

**CITY**

**STATE**

**ZIP CODE**

Name of Bank, Depository, etc.

Mailing Address

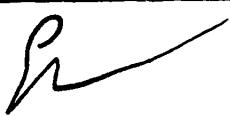
**CITY**

**STATE**

**ZIP CODE**

1 2 0 3 0 8 2 1 1 1 8

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

	Date of Receipt
<input type="checkbox"/> Hand Delivered	
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 6/1/12
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
	6/7/12
PREPARER (3/2005)	DATE PREPARED