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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. Committee to Elect Joe Hunt PO Box 1142 ADDRESS (number and street) (Check if address is changed) Watkinsville 30677 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS liam@huntforcongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.huntforcongress.com (Check if address is changed) DATE 29 2017 C00657163 FEC IDENTIFICATION NUMBER > 3. X 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. Smith, Jason, , Mr., Type or Print Name of Treasurer Smith, Jason, , Mr., [Electronically Filed] 10 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 Only

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C		
	e Committee:	,
(a) x	This committee is a principal campaign committee. (Complete the candidate information below	<i>i.</i>)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
Name of Candidate	Hunt, Joseph, William, Mr.,	
Candidate Party Affiliation	on REP Office Sought: X House Senate President	State GA District 10
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candidate		
Party Con		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected 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 s	searegated fund or party
(1)	committee. (i.e., nonconnected committee)	segregated 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	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Com	mittees 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 Name	2/2009)	Page 3
Committee to El	ect loe Hunt	
	ganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
-	guinzation, ruiniated Committee, some ruiniatismig respectentative, or Leadership i	710 Sponsor
NONE		
Mailing Address		
		I-I
	CITY STATE ZIP	CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leaders	ship PAC Sponsor
relationship.	Organization Anniated Committee Sount Fundraising Representative Leader.	mp i no sponsoi
7. Custodian of Records: Identi	ify by name, address (phone number optional) and position of the person in posses:	sion of committee
books and records.	sylvanie, dualess (phone names) — sphonal, and position of the person in possess.	7011 OF CONTINUECO
Smith, Jaso	n, , Mr.,	
Full Name	12 Chestnut St.	
Mailing Address		
	Elberton , GA , 30635	
Title or Position	CITY STATE ZIP	CODE
Treasurer	706 283	2413
	Telephone number	
3. 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., as	ssistant treasurer).	
Full Name Smith, Jason of Treasurer	n, , Mr.,	
Mailing Address	12 Chestnut St.	
1		
1	Elberton GA 30635	
Title or Position	CITY STATE ZIP	CODE
Treasurer	Telephone number 706 - 283	

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Full Name of Designated	Johnson, Emily, , Ms.,	
Agent	12 Chaptout Street	
Mailing Address	12 Chestnut Street	
	Elberton GA 30635	
	CITY STATE ZII	P CODE
Title or Position Assistant Treas	surer	2413
	r Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds. Depository, etc.	accounts, rents
safety deposit b	oxes or maintains funds.	accounts, rents
safety deposit b	oxes or maintains funds. Depository, etc. Regions Bank ,3153 Atlanta Hwy	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Regions Bank ,3153 Atlanta Hwy	accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. Regions Bank ,3153 Atlanta Hwy	accounts, rents
safety deposit b Name of Bank,	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens GA 30606	accounts, rents
safety deposit b Name of Bank,	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens CITY STATE ZI	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens CITY STATE ZI	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens CITY STATE ZI Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens CITY STATE ZI Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Regions Bank 3153 Atlanta Hwy Athens CITY STATE ZI Depository, etc.	