Only

## STATEMENT OF

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**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. **INGHAM FOR 12TH** 4053 BURNING TREE LANE ADDRESS (number and street) (Check if address is changed) **AUGUSTA** 30906 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS inghamincometax@bellsouth.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Inghamfor12th.com (Check if address is changed) DATE 30 2018 C00674796 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. Ingham, Robert, Francis, Mr, Jr Type or Print Name of Treasurer Ingham, Robert, Francis, Mr, Jr [Electronically Filed] 03 30 2018 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

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
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. (Compinformation below.)	olete the candidate
Name of Candidate Ingham, Robert, Francis, Mr, Jr	
Candidate Party Affiliation  Office Sought:  House  Senate  President	State GA District 12
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected 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 secommittee. (i.e., nonconnected committee)	gregated 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 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.	o or more political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3. FEC ID number	
4.	

FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
Write or Type Committee Name	-1.2007	i age <b>3</b>
INGHAM FOR 1	2TH	
	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Identi books and records.</li> </ol>	ify by name, address (phone number optional) and position of the person in	n possession of committee
Full Name		
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	e name and address of
Full Name Ingham, Ro	bert, Francis, Mr, Jr	
Mailing Address	3084 Deans Bridge Rd	
	Augusta GA 3090	06
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 706	4927

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Full Name of Designated Agent	McCloud, Richard, , Mr,	<u> </u>
Mailing Address	po box 1506	
	Hephzibah GA 30815  CITY STATE ZIP	CODE
Title or Position chairman/comm		
Ranks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds ac	ecounts ronts
	Depository, etc.	accums, rems
safety deposit bo Name of Bank, I	exes or maintains funds.	L. J. J. J. J.
safety deposit bo	Depository, etc.  South State Bankd	Lecturity, rents
safety deposit bo Name of Bank, I	Depository, etc.  South State Bankd	
safety deposit bo Name of Bank, I	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  Augusta  GA 30906	CODE
safety deposit bo Name of Bank, I	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  CITY  STATE  ZIP	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  CITY  STATE  ZIP	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  CITY  STATE  ZIP  Depository, etc.	
Safety deposit bo Name of Bank, I Mailing Address	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  CITY  STATE  ZIP  Depository, etc.	
Name of Bank, I	Depository, etc.  South State Bankd  Peach Orchard Rd  Augusta  CITY  STATE  ZIP  Depository, etc.	