

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

2013 OCT 30 AM 11:34
Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FEC MAIL CENTER

THOMAS BROWN FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 611

(Check if address
is changed)

STONE MOUNTAIN

GA
STATE

30086

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

thomasbrownforcongress@gmail.com

Optional Second E-Mail Address

angelowf@bellsouth.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

www.thomasbrownforcongress.org

2. DATE

09/12/2013

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

George A. N. Coletti DMD

Signature of Treasurer

Coletti JA

Date

09 11 2013

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 06/2012)

13031134190

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 THOMAS BROWN

Candidate Party Affiliation DEM Office Sought: House Senate President State GA District 04th

- (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:

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 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	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

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Write or Type Committee Name

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

NONE

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

GEORGE D.N. COLETTI, DMD

Mailing Address

5417 E. MEMORIAL DRIVE

STONE MOUNTAIN

GA

30083

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

404-281-4607

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

GEORGE D.N. COLETTI, DMD

Mailing Address

5417 E. MEMORIAL DRIVE

STONE MOUNTAIN

GA

30083

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

404-281-4607

13031134192

Full Name of Designated Agent

ANGELO FUSTER

Mailing Address

P.O. BOX 611

STONE MOUNTAIN

CITY

GA

STATE

30086

ZIP CODE

Title or Position

MANAGER-ASST. TREASURER

Telephone number

404-408-8841

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.

SOUTHTRUST BANK

Mailing Address

1246 GLENWOOD AVENUE, S.E.

ATLANTA

CITY

STATE

GA 30316

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031134193

EXTREMELY URGENT

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When used internationally affix customs declarations (PS Form 2976, or 2976A).



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PO Zip Code 30308	Scheduled Date of Delivery Month 10 Day 30 Year 13	Return Receipt Fee	
Date Accepted 10/29/13	Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM <input type="checkbox"/> 4 PM	COD Fee	
Time Accepted 1437	Military	Total Postage \$ 19.95	Insurance Fee
Flat Rate <input type="checkbox"/> or Weight 3 lbs. 6 oz.	Int'l Alpha Country Code	Acceptance Fee	

FROM: (PLEASE PRINT) PHONE ()

The Hilliard Firm, LLC
344 Woodward Ave SE
Atlanta GA 30312

CIVIC CENTER
OCT 29 2013

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Mo. Day		Employee Signature
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	
Mo. Day		Employee Signature

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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.

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10/29/13

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

Jmp
PREPARER
(8/2013)

10/30/13
DATE PREPARED

13031134195