

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

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FEC MAIL CENTER

2009 SEP -2 AM 10:59

Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

DeLoach for Georgia

ADDRESS (number and street)

P.O. Box 8858

(Check if address  
is changed)

Warren Robins

GA 31095-8858

CITY

STATE

ZIP CODE

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

(Check if address  
is changed)

Kendelcoach@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

2. DATE 08/25/2009

3. FEC IDENTIFICATION NUMBER C

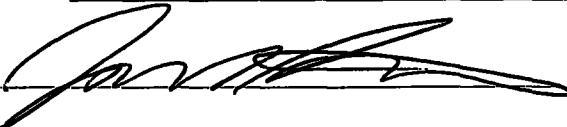
4. IS THIS STATEMENT  NEW (N)  OR  AMENDED (A)

*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

Jeremiah W. Sattazahn

Signature of Treasurer



Date 08/27/2009

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

FEC FORM 1  
(Revised 02/2009)



Write or Type Committee Name

## 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

Mailing Address

   - 

Title or Position

CITY

STATE

ZIP CODE

  -  - 

Telephone number

## 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 TreasurerJEREMIAH W SATTAZAHN

Mailing Address

Po Box 8858MARNER ROBINSGABl 095-8858

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

4781-538-6731

Full Name of  
Designated  
Agent

Bryan Price Rogers

Mailing Address

Po. Box 8858

WARNER ROBINS

CITY

GA

31095-18858

STATE

ZIP CODE

Title or Position

Asst. Treasurer

Telephone number

478-781-8793

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

CITY

GA

31093-1

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

20100-216

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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Delivery Confirmation™ or Signature Confirmation™ Label <input checked="" type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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
	9/2/09
PREPARER (3/2005)	DATE PREPARED