			RECEIVED -
FEC	STATEMENT C		2012 FEB -2 AM 11: 50
FORM 1	URGANIZATIO		FEC MAIL CENTER
1. NAME OF COMMITTEE (in full)		ple:If typing, type he lines.	12FE4M5
GRAVES-WEST	MORELAND JFC		
ADDRESS (number and street)	2470 DANIELLS BRIDGE RD STE 12		
(Check if address			
is changed)	ATHENS		
	CITY		STATE ZIP CODE
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail add	ress)	
(Check if address			<u> </u>
is changed)			
Committee's web page ad	DRESS (URL)		
(Check if address		· .: 1 1 1 1 1 1	<u>. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>
is changed)			
2. DATE 01 2	4 2012		
3. FEC IDENTIFICATION N		S. S	
	bundurder villander	enderen aller var die eenste weerste s	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined t	his Statement and to the best of my ki	nowledge and belief it i	is true, correct and complete.
Type or Print Name of Treasure	Paul Kilgore		
Signature of Treasurer	Joulpla		Date 01 24 2013
NOTE: Submission of folgo		out the parson signing the	is Statement to the penalties of 2 U.S.C. §437
	ANY CHANGE IN INFORMATION SHOL		
Office Use Only		For further information con Federal Election Commission Foll Free 800-424-9530 Local 202-694-1100	

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FEC Form 1 (Revised 02/2009)

5. TYPE OF COMMITTEE Candidate Committee:

	7 7										
(a)	L	This co	mmittee is a princ	ipal campaign	committee	. (Complete t	he candidate	e informatio	n below.)		
(b)			mmittee is an aut ition below.)	horized comm	ittee, and is	s NOT a prin	cipal campai	ign committe	e. (Comple	ete the can	didate
Name Cand					1 1 1 1		┶╌┵╌┷	<u>]] i]</u>			
Cand Party	idete Affiliatio	n	สมหาย สีงและครสิทธรรม เมษาย สีงและครสิทธรรม	Office Sought:	Hou	Se state	Senate	Pres	sident	State District	
(c)		This co	mmittee supports/	opposes only	one candid	ate, and is N	OT an auth	orized comn	nittee.		
Name Cand											
Part	y Com	mittee	•								
(d)			ommittee is a	การเราะ (การเราะ	(National, or subord	State inate) commi	ttee of the	in a start was a start was Start was a start		emocratic, epublican, e	tc.) Party.
Poli	lical Ac	tion C	ommittee (PA	C):							
(0)	\square	This co	mmittee is a sepa	rate segregat	ed fund. (Id	entify connect	ed organiza	tion on line 6	6.) Its conne	cted organi	zation is a:
		D	Corporation			Corporation	w/o Capital	Stock		_abor Orga	nization
			Membership Org	anization		Trade Assoc	iation			Cooperative	1
			In addition	n, this committe	e is a Lobb	yist/Registrar	nt PAC.				
(f)	Ο		ommittee supports tee. (i.e., noncome			Federal cand	idate, and is	s NOT a sep	parate segr	egated fund	d or party
		C	In addition, this co	mmittee is a L	abbyisi/Reg	istrant PAC.					
		Ω	In addition, this co	mmittee is a L	eadership F	AC. (Identify	sponsor on l	in a 6.)			
Join	t Fundr	aising	Representativ	/e:		a, para ana di linin kang di nin na disepana					
(g)	\mathbf{X}		mmittee collects co tees/organizations,	· ·	•	- ·		•		or more pol	itical
(h)			mmittee collects co tees/organizations,							or more poli	itical
	Comn	nittees	Participating in	Joint Fundra	iser						
	1.	GRA	VES FOR C	ONGRES	s			number C	C0046	2556	
	2.	WES	TMORELAN		ONGRE	SS 		number	, C0038'	7126	

Write or Type Committee Name

GRAVES-WESTMORELAND JFC

6.	Name of Any Connected	Orgenization,	Affiliate	d Comr	nittee,	Joint	Fundr	aising	Repr	esentat	ive, o	r Leader	ship PA	C Spo	nsor	
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L																
	Mailing Address															
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				CITY	,					STATE	Ξ		ZIP CO	ODE		
	Relationship: Connecte	d Organizatio	n 🚺 Affil	liated Co	ommitte	e [Joint	Fundra	aising	Repres	entativ	ve 🔲 L	eadershi	p PAC	Spons	or
															_	_
7.	Custodian of Records: Ide books and records.	ntify by name	, address	(phone	e numb	er o	ptiona	l) and	positi	on of th	e per	son in p	ossessio	n of co	mmitte	æ
	Full Name		1		11		<u> </u>				<u>i I</u>	1 1 1				
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							<u> </u>	<u> </u>			J			- 🖵	L	
	Title or Position			CITY	,					STATE			ZIP CO	DDE		
			II I	I I			Tel	ephon	e num	ber	<u> </u>	ட ு- ட		-L_		
8.	Treasurer: List the name an any designated agent (e.g.,	d address (p assistant trea	none nurr surer).	nber c	optional	l) of th	e trea	surer	of the	commit	tee; a	nd the n	ame and	l addre	ess of	-
	Full Name PAUL KIL	GORE		111	_1_1_		l.			1 1	<u>II</u>	1_1_1_	<u> </u>		<u>ii</u>	L
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	Title or Position			CITY						STATE		_	ZIP CO			
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Full Name of Designated Agent			<u> </u>	1_1	<u> </u>	II	Li	<u>I</u> I		<u> </u>	<u> </u>			<u> </u>	1i	1	11
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Title or Position	<u> </u>	<u>I1</u>		1 1	1.1	J		Tele	phone	e num	ber	L		- L	1]-L	
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safety deposit bo	xes or maint Depository, et	ains fun c.	ds. BANK	or other		sitories	s in wl	hich th		mmitte	e der	oosits 1	funds,	hold		ounts	, rents
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safety deposit bo Name of Bank, (xes or maint Depository, et	ains fun c. UST I	ds. BANK 1 x 4418 1	or other	depos		s in wl	hich th		nmitte			I	hold			, rents

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Mailing Address			

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indicat	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation [™] or Signature Conf	firmation [™] Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busine	ess 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
Date of Other (Specify):	Receipt or Postmarked
Imp	2/2/12
PREPARER (3/2005)	DATE PREPARED