

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

Office Use Only 28 PM 12-29

1. NAME OF COMMITTEE (in full) [] (Check if name is changed) Example: If typing, type over the lines.

12FE4M5 [] MAIL CENTER

DAVID SCHWARZ FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 15487

[] (Check if address is changed)

SAVANNAH GA 31416 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

[] (Check if address is changed)

BRIE@VOTESCHWARZ.COM

Optional Second E-Mail Address

BD@VOTESCHWARZ.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

[] (Check if address is changed)

WWW.VOTESCHWARZ.COM

2. DATE

08 / 15 / 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 LANE CURLEE

Signature of Treasurer

[Handwritten Signature]

Date

05 / 21 / 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.

Table with 5 columns: Office Use Only, [], [], [], []

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

FEC FORM 1 (Revised 06/2012)

13031072256

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 DAVID SCHWARZ

Candidate Party Affiliation REP Office Sought: House Senate President State GA District 01

- (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> _____

13031072257

Write or Type Committee Name

NONE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

ELIZABETH BARTON

Mailing Address

2700 CUMBERLAND PKWY
SUITE 160
ATLANTA

GA

30339

Title or Position

CITY

STATE

ZIP CODE

COMPLIANCE CONSULTANT

Telephone number

770-435-5586

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

E LANE CURLEE III

Mailing Address

136 HABERSHAM ST

SAVANNAH

GA

31401

Title or Position

CITY

STATE

ZIP CODE

SR VP / CIA

Telephone number

912-233-5492

13031072258

Full Name of Designated Agent

TOM DRAFFIN

Mailing Address

2250 EAST VICTORY DRIVE

SAVANNAH GA 31404-

CITY

STATE

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

912-658-3572

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.

AMERIS BANK

Mailing Address

300 BULL STREET

SAVANNAH GA 31401-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031072259

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
5/21/13
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

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


PREPARER

5/28/13
DATE PREPARED

13031072260