2030732305

FORM 1

STATEMENT OF **ORGANIZATION**

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			Office Use Opply 117/12 Oc. 1				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5				
MUCHAGL DW.	AYNE JENKI	NS PRIORIT	LES PARTY FOR				
PRESIDENT	OF ITHE LINE	TED STATES	OF AMERICA				
ADDRESS (number and street)	1201 PEAC	HTREE STRE	GT NE 400				
Y' (Check if address	COLOMI SQUARE SULTE 200						
is changed)	MITLANTIA BOBGII-						
		CITY	STATE ZIP CODE				
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e	e-mail address)					
		MHaa. Ga MI					
(Check if address is changed)							
COMMITTEE'S WEB PAGE AD	DRESS (URL)						
(Check if address							
ੈ-ਂ is changed)							
# `M [©] . / .# >							
2. DATE OIL	6 2012						
3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined to	his Statement and to the bes	at of my knowledge and belief i	t is true, correct and complete.				
Type or Print Name of Treasurer IMR. MICHAEL D. JENKINS							
Signature of Treasurer hushall wayne linking Date 01 26 2012							
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		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100					

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TYPE OF C	- ······· - - ··
	e Committee:
(a) X	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	MICHAEL DWAYNE JENKINS
Candidate Party Affiliati	Office State State State On Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	
(d) X	This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Political A	ction 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/Registrænt 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 Fund	draising 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.
Com	nmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	FEC ID number (C)
3.	FEC ID number C
4.	FEC ID number C

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٧	Vrite or Type Committee Name	3				
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor			
L						
	Mailing Address					
			السلام			
		CITY STATE ZIF	CODE			
	Relationship: Connecte	d Organization [[]]Affiliated Committee [] Joint Fundraising Representative [] Leader	ship PAC Sponsor			
7.	Custodian of Records: Idea books and records.	ntify by name, address (phone number optional) and position of the person in posses	sion of committee			
	Full Name	TAEL DWAYNE JENKINS				
	Mailing Address	1201 PEACHTREE STREET NE 400				
		COLONY SQUARE, SUITE 200				
		KITLANTA 3036	1 -L			
	Title or Position	CITY STATE ZIF	CODE			
	CANDIDATE	FO. 45 PRESIDENTAL Telephone number	لـــا-ك			
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of			
	Full Name of Treasurer	HAEL DWAYNE JENKINS				
	Mailing Address	120 [PEACHTREE STREET, NE 4	00			
	GOLOINY SQUARE SHITE 200					
		CITY STATE ZIP	CODE			
1	TITLE OF POSITION TREASURE	Z	J-L			

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Full Name of Designated Agent	HARL DWATNE JE	NKINS			
Mailing Address	1201 PEACHTREE	STREET	NE 400		
	COLONY SOUARE	SULTE 290	9		
	ATLANTA	GA	39361-		
	CITY	STATE	ZIP CODE		
Title or Position AGIENTI IN	COMMAND	elephone number	ــ		
safety deposit boxes or main		the committee deposits f	unds, holds accounts, rents		
Name of Bank, Depository, etc.					
ليبيا	<u> </u>	<u> </u>	1 1 1 1 1 1 1 1 1		
Mailing Address		<u> </u>			
		ليا ليب	<u> </u>		
	CITY	STATE	ZIP CODE		
Name of Bank, Depository, e	etc.				
لبيا					
Mailing Address		1111111			
		ليا ليب	<u> </u>		
	CITY	STATE	ZIP CODE		

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