FEC

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Kurt for Congress, Inc. 5655 Atlanta Highway ADDRESS (number and street) Suite 102B-480 (Check if address is changed) Alpharetta 30004 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS jason@kurt4uscongress.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2017 C00631168 FEC IDENTIFICATION NUMBER > 3. X 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. Chandler, Bart, , , Type or Print Name of Treasurer Chandler, Bart, , , [Electronically Filed] 01 17 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

TYPE OF COMMITTEE Candidate Committee: (a)	e candidate
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 information below.) Name of Candidate Wilson, Kurt, , , Candidate Party Affiliation REP Office Sought: House Senate President	e candidate
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.) Name of Candidate Candidate Party Affiliation REP Office Sought: House Senate President	candidate
information below.) Name of Candidate Candidate Party Affiliation Name of Candidate REP Office Sought: House Senate President	e candidate
Candidate Party Affiliation Candidate REP Sought: House Senate President	
Party Affiliation REP Sought: * House Senate President	
Dist	te GA 06
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(Mational, State (Democr or subordinate) committee of the Republic	ratic, can, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	organization is a
Corporation Corporation w/o Capital Stock Labor	Organization
Membership Organization Trade Association Coope	rative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party
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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	re political
committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	re political
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser	re political
committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1.	re political

	(Revised 02/2009)	Page 3
Write or Type Committee		
Kurt for Cor	ongress, Inc.	
6. Name of Any Conn	nnected Organization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Co	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Recor books and records.	ords: Identify by name, address (phone number optional) and position of the person in process.	possession of committee
Full Name	Boles, Jason, , ,	
Mailing Address	PO Box 2284	
	Roswell GA 30077	7
Title or Position	CITY STATE	ZIP CODE
_I Secretary	470	
Secretary	Telephone number	728 6309
. Treasurer: List the n	name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	
. Treasurer: List the n any designated agen	name and address (phone number optional) of the treasurer of the committee; and the	
. Treasurer : List the n any designated agen Full Name Ch	name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	
Treasurer: List the n any designated agen Full Name Cr of Treasurer	name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	
Treasurer: List the n any designated agen Full Name Cr of Treasurer	name and address (phone number optional) of the treasurer of the committee; and the ent (e.g., assistant treasurer).	name and address of

FEC Form 1 (F	Revised 02/2009)		Page 4		
Full Name of Designated Tho Agent	ompson, Rick, , ,				
Mailing Address	PO Box 1483				
	Roswell	GA 3	30077 ZIP CODE		
Title or Position Assistant Treasurer	Teleph	none number 404	374 8060		
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.					
Fir	rst Southern Bank				
Mailing Address	301 S. Court Street				
	Florence	AL 3	35630		
	CITY	STATE	ZIP CODE		
Name of Bank, Depos	sitory, etc.				
Mailing Address					