FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Wilkinson for Congress, Inc. PO Box 2227 ADDRESS (number and street) (Check if address is changed) Toccoa 30577 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS elizabeth@valleygreenconsulting.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00738278 FEC IDENTIFICATION NUMBER > 3. 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. Barton, Elizabeth, , , Type or Print Name of Treasurer Barton, Elizabeth, , , [Electronically Filed] 02 10 2020 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

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE • 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. (Con information below.)	nplete the candidate
Nam Cand	e of didate	Wilkinson, John, , ,	
	didate / Affiliati	on REP Office Sought: * House Senate President	State GA District 09
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of lidate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Nam	e	
Wilkinson for C	ongress, Inc.	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or	r Leadership PAC Sponsor
NONE		
Mailing Address		
J		
	CITY	7ID CODE
	CITY STATE	ZIP CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fundraising Representative	ve Leadership PAC Sponsor
Custodian of Records: Ide books and records.	ntify by name, address (phone number optional) and position of the pers	son in possession of committee
	lizabeth, , ,	
Full Name	,425 Valley Green Drive	
Mailing Address		
	Atlanta GA	30342
Title or Position	CITY STATE	ZIP CODE
	Telephone number	4
8. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	nd the name and address of
Full Name Barton, El	izabeth, , ,	1
of Treasurer		
Mailing Address	425 Valley Green Drive	
	Atlanta	30342
Tu 5	CITY STATE	ZIP CODE
Title or Position	40 ²	285 0999
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE ZII	P CODE
Title or Position	Telephone number	
Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee deposits funds, holds a exes or maintains funds. Depository, etc.	accounts, rents
	Regions Bank	
Mailing Address	Regions Bank 168 Doyle Street	
Mailing Address	168 Doyle Street	
Mailing Address		
Mailing Address	Toccoa GA 30577	P CODE
Mailing Address Name of Bank, I	Toccoa GA 30577 CITY STATE ZI	P CODE
	Toccoa GA 30577 CITY STATE ZI	P CODE
	Toccoa GA 30577 CITY STATE ZI	P CODE
Name of Bank, [Toccoa GA 30577 CITY STATE ZI	P CODE
Name of Bank, [Toccoa GA 30577 CITY STATE ZI	P CODE