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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Christian for Congress 85 Blacks Mill Trce E ADDRESS (number and street) (Check if address is changed) Dawsonville 30534 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS christianforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address rfcthree@hotmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) christianforcongress.us (Check if address is changed) DATE 2022 C00808923 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. DeMarest, Joshua, , Mr., Type or Print Name of Treasurer DeMarest, Joshua, , Mr., [Electronically Filed] 03 2022 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

	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE ate Committee:	
	This committee is a principal campaign committee. (Complete the candidate information below	<i>ı</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Colinformation below.)	mplete the candidate
Name of Candidat	Christian, Robert, Franklin, Mr., III	
Candidat Party Aff	DEM	State GA District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidat	e [
Party C	committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politica	I Action 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)	segregated 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 Fu	ındraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
С	ommittees Participating in Joint Fundraiser	
1	FEC ID number	
2	FEC ID number	
3	FEC ID number	
4		

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Write or Type Committee Nam		
Christian for Co	ongress	
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	hip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in pos	ssession of committee
DeMares Full Name	t, Joshua, , Mr.,	
	171 Reeves Road	
Mailing Address		
	Dawsonville GA 30534	1-1
Title or Position	CITY STATE	ZIP CODE
Title of Fosition	CITY STATE	ZIP CODE
Treasurer	Telephone number = 864	680 9132
. Treasurer : List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	me and address of
	t, Joshua, , Mr.,	
of Treasurer	171 Reeves Road	
Mailing Address		
	Dawsonville GA 130534	
		ZIP CODE
Title or Position Treasurer	Telephone number 864 -	680 - 9132

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	IP CODE
Title or Position		
Name of Bank, [
-	United Community Bank 6372 Highway 53 East	
Name of Bank, [Depository, etc. United Community Bank 6372 Highway 53 East	
Name of Bank, [Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville GA 30534	IP CODE
Name of Bank, [Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville CITY STATE Z	IP CODE
Name of Bank, I	Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville CITY STATE Z	IP CODE
Name of Bank, I	Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville CITY STATE Z	IP CODE
Name of Bank, I	Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville CITY STATE Z	IP CODE
Name of Bank, I	Depository, etc. United Community Bank 6372 Highway 53 East Dawsonville CITY STATE Z	IIP CODE