

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

A.D. GRAY FOR CONGRESS

ADDRESS (number and street) 976 LILFIELD LN

(Check if address is changed)

ATLANTA CITY ▲ GA STATE ▲ 30349 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

ADGRAY@WEWANTIN2022.ORG

Optional Second E-Mail Address
INFO@WEWANTIN2022.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WEWANTIN2022.ORG

2. DATE 08 / 19 / 2021

3. FEC IDENTIFICATION NUMBER ▶ C C00787481

4. 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.

Type or Print Name of Treasurer SWATZIE, DARYL, , ,

Signature of Treasurer SWATZIE, DARYL, , , [Electronically Filed] Date 08 / 19 / 2021

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

FEC FORM 1
(Revised 06/2012)

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 GRAY, ANTONIO, DARNELL, ,

Candidate Party Affiliation DEM Office Sought: House Senate President State GA District 13

- (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 C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

A.D. GRAY FOR CONGRESS

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

NONE

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 SWATZIE, DARYL, , ,

Mailing Address 4641 WENDOVER DR

STONE MOUNTAIN GA 30083

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 678 - 488 - 7141

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 SWATZIE, DARYL, , ,

Mailing Address 4641 WENDOVER DR

STONE MOUNTAIN GA 30083

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 678 - 488 - 7141

Full Name of Designated Agent GRAY, ANTONIO, , ,

Mailing Address 976 LILFIELD LN

[Empty address line]

ATLANTA GA 30349

CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER Telephone number 334 - 652 - 8849

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.

NAVY FEDERAL CREDIT UNION

Mailing Address P.O. BOX 3000

[Empty address line]

MERRIFIELD, VA 22119

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

[Empty bank name line]

Mailing Address [Empty address line]

[Empty address line]

[Empty address line]

CITY STATE ZIP CODE