

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2005 OCT 13 A 11:25

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12PE4M5

JIM NELSON FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 14407



(Check if address
is changed)

SAVANNAH

GA

31416

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

JAMES.A.NELSON@ATT.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

ELECTJIMNELSON.COM

COMMITTEE'S FAX NUMBER

-

2. DATE

09 30 2005

3. FEC IDENTIFICATION NUMBER ▶

C

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

CRAIG PERRON

Signature of Treasurer

Craig Perron

Date

10 05 2005

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.

For further information contact:

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

5. TYPE OF COMMITTEE (Check One)

- (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

JIM NELSON

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

GA

District

01

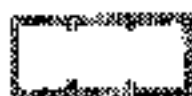
- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

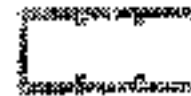
(d)



This committee is a



(National, State or subordinate) committee of the



(Democratic, Republican, etc.) Party.

(e)



This committee is a separate segregated fund.

(f)



This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:



Corporation



Corporation w/o Capital Stock



Labor Organization



Membership Organization



Trade Association



Cooperative

Write or Type Committee Name

JIM NELSON FOR CONGRESS

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

N/A

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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

CRAIG PERRON

Mailing Address

203 WEST GWINNETT ST

XXX

SAVANNAH

GA

31401-

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

912-234-1115

Full Name of
Designated
Agent

N/A

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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.

WACHOVIA BANK

Mailing Address

MEDICAL ARTS FINANCIAL CENTER

5703 WATERS AVE

SAVANNAH

GA

31404

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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☐ Received from House Records & Registration Office	Date of Receipt
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☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER	10/13/05 DATE PREPARED

(3/2005)