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FEC FORM 1

STATEMENT OF ORGANIZATION

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1. NAME OF COMMITTEE (in full)	(Check if is change		le:If typing, type e lines.	12FE4M5	
.n. 1 n	.				
$P_1a_1u_1 + P_1r_1o_1 + p_1$	$C_0 m_1 m_1 t$	t e e		1 1 1 1 1 1	
			11.111	 	
ADDRESS (number and street)	PO_{Box}	3301			
☐ ◀ (Check if address is changed)		<u> </u>	111111	<u> </u>	
	Ga _l i n le s city ▲	villle		GIA 3.0 STATE ▲	15 03] - L L L L L L L L L L L L L L L L L L
COMMITTEE'S E-MAIL ADDRES	SS				
☐ ◀ (Check if address is changed)	$ n_i o_i t_i i_i c_i \epsilon $	e ₁ s ₁ @ f ₁ e ₁ c _c ₁ r	com	<u> </u>	
10 on an igou,	Optional Second	E-Mail Address			
				11111	
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	DRESS (URL) WWW.paulb	nown;com			
2. DATE $0.1 0.1$		Ď			
3. FEC IDENTIFICATION NU	JMBER ▶	С			
4. IS THIS STATEMENT	NEW (N)	OR	AMENDED (A)		
I certify that I have examined th	is Statement and to	the best of my kno	wledge and belief it is	true, correct and o	complete.
Type or Print Name of Treasure	Dan	Backe	γ		·
Signature of Treasurer	Zu (I)		D	eate 0_1	3.1 2.0.2.0
NOTE: Submission of false, errone			t the person signing this		enalties of 52 U.S.C. §30109.
Office Use Only		F6	or further information control ederal Election Commission II Free 800-424-9530	ŗ	FEC FORM 1 (Revised 06/2012)

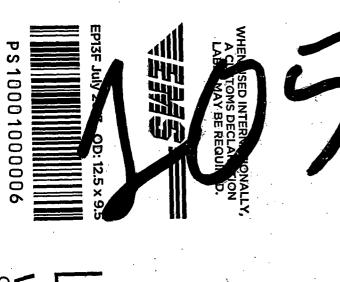
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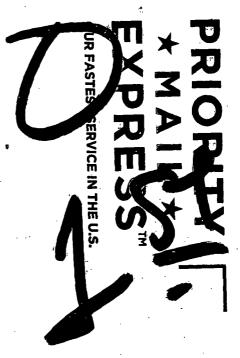
FEC Form 1 (Revised 02/2009) Page	je 2			
TYPE OF COMMITTEE				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information below.)				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	andidate			
Name of Broun, Paul, , , Candidate	11.11			
Candidate Party Affiliation REP Office Sought: House Senate President District District Candidate Party Affiliation Note the control of	GA 09			
(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 Republican	c, ı, etc.) Party.			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected org	anization is a:			
Corporation Corporation w/o Capital Stock Labor O	rganization			
Membership Organization Trade Association Coopera	ive			
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 to committee. (i.e., nonconnected committee)	und 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.	political			
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	political			
Committees Participating in Joint Fundraiser				
1				
2. FEC ID number C				
3. FEC ID number C				
4.				

Page	3

TEC TOTAL T (INCOINCE	02/2000)		r age o
Write or Type Committee Nam	e		
Paul Broun Cor	nmittee		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative,	or Leadership PAC Sponsor
PAUL BROUN COMM	IITTEE 2016	1 1 1 1 1 1 1	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	111111	
Mailing Address	PO BOX 6337		
	ATHENS	GA L	30604
	CITY	STATE	ZIP CODE
Relationship: Connecte	d Organization XAffiliated Committee Joi	int Fundraising Representa	tive Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	ntify by name, address (phone number optio	nal) and position of the p	erson in possession of committee
Backer, D	an, , ,		
Full Name	,441 N Lee Street Suite 300		
Mailing Address	441 N Lee Street Suite 300		
		<u>.</u>	<u>L. I. I.</u>
	Alexandria	· · · · · · · · · · · · · · · · · · ·	22314
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	202 - 210 - 5431
Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the tr assistant treasurer).	easurer of the committee;	and the name and address of
Full Name Backer, D	an,,,		
Mailing Address	441 N Lee Street Suite 300		
		 	
	Alexandria		22314
Title or Position	CITY	STATE	ZIP CODE 202 210 5431
<u> </u>		elephone number	

-	FEC Form	n 1 (Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
		CITY STATE	ZIP CODE
	Title or Position		
9.	Banks or Other safety deposit bo Name of Bank, I	Depositories: List all banks or other depositories in which the committee depositores or maintains funds. Depository, etc.	ts funds, holds accounts, rents
		AFB&T	
	Mailing Address	PO Box 1747	
		. Athens GA	30603
		CITY STATE	ZIP CODE
	Name of Bank, I	Depository, etc.	
		Capital Bank N.A.	
	Mailing Address	10700 Parkridge Blvd Ste 180	
	·		
		Reston	20191
		CITY STATE	ZIP CODE





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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
nf	2/21/20
PREPARER (3/2015)	DATE PREPARED