FEC FORM 1	STATEMENT OF STATEMENT OF	AFT サチャート シャート Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
DAUID ROBT	FRAY	<u> </u>
ADDRESS (number and street)	2019 NORSE DR. #3	7
(Check if address is changed)	Pliegsunt 2+122	J [GA 194623]-[]
(Check if address	CITY S (Please provide only one e-mail address)	
is changed) السلاقة is changed)	PRESS (URL)	3/m
(Check if address is changed)		
2. DATE 0.6	1 20.1.1	
3. FEC IDENTIFICATION NU		?
4. IS THIS STATEMENT		A)
Type or Print Name of Treasure	is Statement and to the best of my knowledge and be $N = N / H$, $A = A / D N = C$	
	aus, or incomplete information may subject the person sign ANY CHANGE IN INFORMATION SHOULD BE REPORTE	ning this Statement to the penalties of 2 U.S.C. §437g.

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Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)	
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FEC Form 1 (Revised 02/2009)

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 DAVID ROBT FREY					
	Candidate Office State State State District					
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate Image: Candidate <th< td=""></th<>					
	Part	y Com	mittee:			
	(d)	X	This committee is a MAA (National, State or subordinate) committee of the Republican, etc.) Party.			
	Polit	ical A	stion 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			
			Membership Organization Cooperative			
			In addition, this committee is a Lobbyist/Registrant PAC.			
	(f)	X	Self. 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 Lobbyist/Registrant PAC. In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
	Joint	Fund	raising Representative: N/A , (NoCOMMITTEE)			
	(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.				
		2.				
		3.				
		4.				
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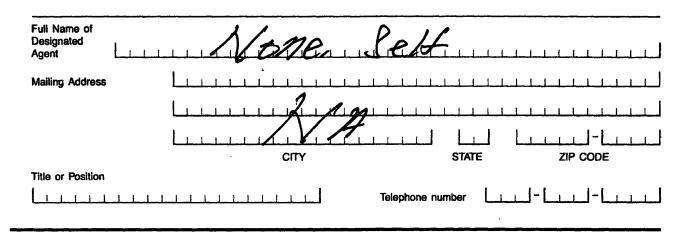
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	FEC Form 1 (Revised (2/2009)			Page 3
Wr	rite or Type Committee Name				
	\sim	one N/A			
6.	Name of Any Connected C	organization, Affiliated Committee, Jr	oint Fundraising Repr	esentative, or Lea	dership PAC Sponsor
1				1 1 1 1 1 1	
L				<u> </u>	
		Solf.		<u>└─┴─┴─└─┴─</u>	
	Mailing Address				
		СІТҮ			
	Relationship:	Organization	Joint Fundraising	Representative	Leadership PAC Sponsor
	Custodian of Records: Ider books and records.	tify by name, address (phone number	optional) and positi	on of the person i	n possession of committee
		Kla	2- 1/	A	
	Full Name	<u>, , , , , , , , , , , , , , , , , , , </u>	ne inf		
	Mailing Address			<u></u>	
		1			
	Title or Position	CITY		STATE	ZIP CODE
			Telephone num	nber	- [] - []
8.	Treasurer: List the name an any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the	committee; and the	he name and address of
	Full Name of Treasurer		A. C.	ane	
	Mailing Address				
			└──┟──┟──┟──┟──┟		
		CITY			
	Title or Position		Telephone nurr	nber	لىبىيا-لىبيا- لب

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Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents 9. safety deposit boxes or maintains funds.

Name of Bank, D							
	N/A.		<u></u>				
Mailing Address		└ └─└─┴─┴─┴	<u></u>				
	CITY	STATE	ZIP CODE				
Name of Bank, D	Name of Bank, Depository, etc.						
	Lesser and the time	<u></u>					
Mailing Address		<u>↓</u> .↓ .↓ .↓ .↓					
		<u></u>					
	СІТҮ	STATE					

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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail** 6 [21] 11 Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Labet Postmarked **USPS Express Mail Postmark Illegible** No Postmark **Shipping Date Overnight Delivery Service (Specify):** 'Next Business Day Delivery Date of Receipt **Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office** Date of Receipt or Postmarked Other (Specify): PREPARER DATE PREPARED (3/2005)

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