



Wayne Mosley <waymosley@mac.com> on 02/05/2009 01:55:06 AM

To: 2022190174@fcc.gov
cc:

Subject: Fwd: Declaration of Candidacy Georgia 12th Congressional District FEC 1 and 2

29030020626

Begin forwarded message:

From: Wayne Mosley <waynemosley@mac.com>

Date: January 9, 2009 12:44:23 PM EST

To: 2022190174@fec.gov

Subject: Declaration of Candidacy Georgia 12th Congressional District

Please note the attached FEC FORM 2 declaring my candidacy for the Georgia 12th Congressional District. As of this email there are no other candidates declared for the 2010 elections, therefore I have sent this form to any opposing candidates.

Wayne Mosley



WM FEC 2 9 JAN 2009.pdf

29030020627

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

FRIENDS OF WAYNE

ADDRESS (number and street)

2107 ADAMS STREET

(Check if address is changed)

VIDALIA

VIDALIA GA 30474

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

info@waynemossley.com

waynemossley@rac.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

wayne.mossley.com

waynemossley.org

COMMITTEE'S FAX NUMBER

912-538-0495

2. DATE

01 29 2009

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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 SARAH WESICOTT

Signature of Treasurer

Sarah Wesicott

Date

01 29 2009

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 12/2007)

29030020628

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 F R I E N D S O F W A Y N E

Candidate Party Affiliation _____ Office Sought: _____ House _____ Senate _____ President _____ State GA District 12

- (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

- (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 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
5. _____ FEC ID number C

29030020629

Write or Type Committee Name

FRIENDS OF WAYNE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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

WAYNE, MOSLEY

Mailing Address

2107 ADAMS STREET

VIDALIA GA 30474

CITY

STATE

ZIP CODE

Title or Position

CANDIDATE

Telephone number

912-538-7517

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

SARAH WESTCOTT

Mailing Address

125 FOFIELD WAY

SUITE 4-200

POOLER GA 31322

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

912-450-5043

29030020630

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

ALTAMAHAN BANK & TRUST

Mailing Address

1,726 MT. VERNON ROAD

[Empty grid for Mailing Address line 2]

VIDALIA GA 30474

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

29030020631

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>2/5/09</i>

[Signature]
 PREPARER

2/5/09
 DATE PREPARED

29030020632