| Image# 201902239145579698 | | | _ | PAGE 1 / 4 |
|---|-------------------------------|---|-----------------------|---------------------------------|
| FEC FORM 1 | STATEMEI ORGANIZ | | | |
| | | | | Office Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Friends of Rache | el Kinsey for Con | gress | | |
| | | | | |
| ADDRESS (number and street) | 127 Dockside Downs Drive | | | |
| (Check if address | | | | |
| is changed) | Woodstock | | GA 3 | 0189 |
| | | | STATE A | |
| | | | | |
| COMMITTEE'S E-MAIL ADDRE | | _ | | |
| (Check if address is changed) | rachel@kinseycpa.con | n | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| ☐ ◀ (Check if address is changed) | | | | |
| | 2 / Y Y Y Y 2019 | | | |
| 3. FEC IDENTIFICATION N | UMBER ► C c | 00697490 | | |
| | | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined t | his Statement and to the best | of my knowledge and belief | it is true, correct a | nd complete. |
| | Kinony Deskal | | | |
| Type or Print Name of Treasure | er Kinsey, Rachel, , , | | | |
| Signature of Treasurer | ey, Rachel, , , | [Electronically Filed] | Date 02 | / D D / Y Y Y Y 23 / 2019 |
| NOTE: Submission of false, error | | may subject the person signing | | ne penalties of 2 U.S.C. §437g |
| Office Use Only | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

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| PE OF | comm 1 (Revised 02/2009) | Page 2 |
|------------------------|--|--|
| andidat | COMMITTEE | |
| | | |
| × | e Committee: | |
| | This committee is a principal campaign committee. (Complete the candidate information below. |) |
| | This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.) | nplete the candidate |
| me of ndidate | Kinsey, Rachel, , , | |
| ndidate rty Affilia | tion DEM Office Sought: K House Senate President | State GA District 11 |
| | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| me of ndidate | | |
| arty Co | mmittee: | |
| | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| litical | Action Committee (PAC): | |
| | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con | nnected 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. | |
| | This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee) | egregated fund or party |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| int Fun | draising Representative: | |
| | | |
| | This committee collects contributions, pays fundraising expenses and disburses net proceeds for the committees/organizations, none of which is an authorized committee of a federal candidate. | wo or more political |
| Cor | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |
| | ndidate ndidate rty Affilia me of ndidate nrty Cor litical / litical / Con 1. 2. 3. | Indicate Office Sought: It house Senate President Image: the supports of the support supports of the support suppo |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Friends of Rachel Kinsey for Congress

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

| 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.

| Kinsey, Ra | chel, , , |
|-------------------|---|
| Full Name | |
| Mailing Address | 127 Dockside Downs Drive |
| | [|
| | Woodstock GA 30189 |
| Title or Position | CITY STATE ZIP CODE |
| | Telephone number 678 200 7420 |

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 | Kinsey, Rachel, , , |
|---------------------------|--|
| Mailing Address | 127 Dockside Downs Drive |
| | |
| | Woodstock |
| | CITY STATE ZIP CODE |
| Title or Position | Image: Telephone number 678 200 7420 |

FEC Form 1 (Revised 02/2009)

| | | | | | | | | | | | | | | | | | | | | | | | _ |
|-------------------------------------|--|--|--|------|----|----|--|--|------|-----|-----|------|-----|-----|-----|--|--|-----|-----|----|---|--|---|
| Full Name of Designated Agent | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | CI | TΥ | | | | | | | | STA | ΛΤΕ | | | ZIF | D C | OD | Е | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | Tele | eph | one | e ni | umt | ber | | | | | | | | | |

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.

| Bank | of the Ozarks | | |
|--------------------------|---------------|----------|----------|
| Mailing Address | 8770 Main St | | |
| | | | |
| | Woodstock | GA 30188 | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository | , etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |