

Wright McLeod

Attorneys at Law

your vision, our expertise.

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Facsimile Transmittal Sheet

To: Federal Election
Commission
Fax: 202-219-1043
202-219-0174
Re: FEC Form 1

From: Wright McLeod
Date: 4 JAN 2012
Total Pages Including Cover: 5

Comments:

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FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

Wright McLeod for Congress, Inc

ADDRESS (number and street) P.O. Box 2206 (Check if address
is changed)EvansGA30809

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

 (Check if address
is changed)wright@wrightmcleod.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)http://www.wrightmcleod.com

2. DATE

12 28 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

NEW (N)

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

Cameron Nixon

Signature of Treasurer

Cameron Nixon

Date

12 28 2011

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 202-894-1100	FEC FORM 1 (Revised 02/2009)
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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

Daniel Wright McLeod

Candidate Party Affiliation	Rep	Office Sought:	<input checked="" type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> 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
<input type="checkbox"/> 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 fund or party committee. (i.e., nonconnected committee)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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

Write or Type Committee Name

Wright McLeod for Congress, Inc.

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

Mailing Address

 CITY STATE ZIP CODERelationship: 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.

Full Name

Julie Massingale Newman

Mailing Address

P.O. Box 2206

Evans GA 30809

Title or Position

CITY

STATE

ZIP CODE

Bookkeeper

Telephone number 706 - 564 - 1640

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

Cameron Nixon

Mailing Address

P.O. Box 2206

Evans GA 30809

CITY

STATE

ZIP CODE

Title or Position

Treasurer

Telephone number 706 - 564 - 1640

Full Name of
Designated
Agent

Frances Jean Allen

Mailing Address

P.O. Box 2206

Evans

CITY

GA

30809

STATE

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

706-564-1640

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.

Augusta First Bank & Trust

Mailing Address

4208 Washington Road

Evans

CITY

GA

30809

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.

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N/A PREPARER (5/2004)	N/A DATE PREPARED

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