PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Adam Wynn For Georgia 2603 Fairway Oaks ADDRESS (number and street) (Check if address is changed) Waleska 30183 GA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS adam.wynn1981@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.wynnforcongress.com (Check if address is changed) DATE 2017 C00658716 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT 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. Wynn, Quentin, , , Type or Print Name of Treasurer Wynn, Quentin,,, [Electronically Filed] 10 2017 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Paying 02/2000)	Pogo 2
FEC Form 1 (Revised 02/2009) TYPE OF COMMITTEE	Page 2
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information belo	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.)	complete the candidate
Name of Candidate Wynn, Quentin, Adam, ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State GA District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	(D
(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 of	connected 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.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo 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 committees/organizations, none of which is an authorized committee of a federal candidate.	
Committees Participating in Joint Fundraiser	
1. FEC ID number	
2. FEC ID number	
3.	
4.	

FEC Form 1 (Revise	d 02/2009)	Page 3
Write or Type Committee Na		T age 🗸
Adam Wynn F	or Georgia	
	d Organization, Affiliated Committee, Joint Fundraising Represent	ative, or Leadership PAC Sponsor
-	g	
NONE		
Mailing Address		
-		
	CITY STA	TE ZIP CODE
Relationship: Connec	eted Organization Affiliated Committee Joint Fundraising Repre	esentative Leadership PAC Sponsor
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of	the person in possession of committee
	Quentin, , ,	
Full Name	2603 Fairway Oaks	
Mailing Address		
	Waleska GA	A , ,30183
Title or Position	CITY STAT	E ZIP CODE
	Telephone number	
3. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the comm., assistant treasurer).	nittee; and the name and address of
Full Name Wynn, C	Quentin, , ,	
Mailing Address	2603 Fairway Oaks	
-		
	Waleska G/	A 30183 _ _
	CITY STAT	E ZIP CODE
Title or Position	Talanhamab	1 [-] [-]
	Telephone number	

FEC Form 1 (R	evised 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telep	phone number	
safety deposit boxes or Name of Bank, Deposi	tory, etc.	e committee deposits funds, h	
safety deposit boxes or Name of Bank, Deposi	maintains funds. tory, etc.	e committee deposits funds, he	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo 1413 Riverstone Parkway		
safety deposit boxes or Name of Bank, Deposit Name of Bank, Deposi	maintains funds. tory, etc. 1413 Riverstone Parkway Canton CITY	GA 30114	4
safety deposit boxes or Name of Bank, Deposit Mame of Bank, Deposit Manual Manu	maintains funds. tory, etc. 1413 Riverstone Parkway Canton CITY	GA 30114	4
Safety deposit boxes or Name of Bank, Deposit We Mailing Address Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo 1413 Riverstone Parkway Canton CITY tory, etc.	GA 30114 STATE	4
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. Ils Fargo 1413 Riverstone Parkway Canton CITY tory, etc.	GA 30114 STATE	4
Safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition	maintains funds. tory, etc. Ils Fargo 1413 Riverstone Parkway Canton CITY tory, etc.	GA 30114 STATE	4