

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
	Use))	1 1	Federal Election Commission Toll Free 800-424-9530	(Revised 12/2007)
L_	Only		Li	Local 202-694-1100	(HCF/GCG 122007)

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FE	C Form	m 1 (Revised 12/2007)	Page 2		
		OMMITTEE • Committee:			
(a)	X	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. (Complet information below.)	e the candidate		
Name o		H.U.GH BULL GAMMON	<u></u>		
Candida Party A		on DEM Office Sought: X House Senate President	State GA District U		
(c)) "} '	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name d Candid					
Party	Com	innittee:			
(d)	C ₂	(National, State (De	emocratic, publican, etc.) Party.		
Politic	cal Ac	ction Committee (PAC):	it		
(G)	•	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connec	cted organization is a:		
		Corporation Corporation w/o Capital Stock L	abor Organization		
		Membership Organization Trade Association	Coperative		
(1)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated fund or party		
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Joint	Fund	Iraising Representative:			
(g)	; ; ;	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political		
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political		
Committees Participating in Joint Fundraiser					
	1.	FEC ID number C	And the state of t		
	2.	FEC ID number C	en e		
	3.	FEC ID number C	en general de la companya de la comp		
	4.		en e		
	5.	FEC ID number C			

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Write or Type Committee Name					Page 3
6. Name of Any Connected (ed Committee, Leader	ship PAC Sponsor	or Joint Fundrals	ing Representative
		1 1	11111		
			11111		
Mailing Address					
		11111	:		[-]
		CITY		STATE	ZIP CODE
Relationship:				·	
Connected Organization	Affiliated Cor	nmittee Leade	rship PAC Sponsor	Joint Fundra	sing Representative
Full Name (f) U, G	RO. BOX	236,			
	Rome	<u> </u>		GA BO	162 - 0236
Title or Position		CITY	S	TATE	ZIP CODE
TREA SURE	_!		Telephone numb	er (7061-1	5061-1805
8. Treasurer: List the name an any designated agent (e.g.,		mber optional) of the	treasurer of the c	ommittee; and the i	name and address of
Full Name HUG	H.H. GAM	man, Ja-	<u> </u>		
Mailing Address	P.O. Box	334			
			11111		11111
	Rone	CITY		GA 3G	ZIP CODE
Title or Position TREASURE	<u> </u>	11:1	Telephone numb	er 12061-i	506-1.205
	·····		,		
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Full Name of Designated Agent			
Mailing Address			
		111111111	
	СПУ	STATE	ZIP CODE
Title or Position	111111111111111111111111111111111111111	elephone number	
safety deposit boxes or n Name of Bank, Depositor			
Mailing Address	1201 BOX 529		
	1	<u> </u>	
	Rome	· · · · GA	13.01.69-10.256
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	ry, etc.		
لببا	1		
		<u> </u>	<u> </u>
Mailing Address			
Mailing Address			
Mailing Address			

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