Image# 202007269260817747				PAGE 1 / 5
FEC FORM 1	STATEMEN ORGANIZA			
1. NAME OF	(Check if name	Example:If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Committee To E	lect Liz Johnson,			
ADDRESS (number and street)	27 Hill Street			
(Check if address is changed)	P O Box 1404			
	Statesboro └───────────────────────────────────		GA 30459 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
 (Check if address is changed) 	elect@lizjohnsonforcon	-		
	Optional Second E-Mail Add	Iress		
(Check if address is changed)	lizjohnsonforcongress.com			
	15 / Y Y Y Y 2019			
3. FEC IDENTIFICATION I		00722991		
4. 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 c	complete.
Type or Print Name of Treasu	rer Barnes, Jarvis, Robin, ,			
Signature of Treasurer	nes, Jarvis, Robin, ,	[Electronically Filed]	Date 07	D D / Y Y Y Y 26 2020
NOTE: Submission of false, erro	neous, or incomplete information	may subject the person signing t DN SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	on 🔽	EC FORM 1 (Revised 06/2012)

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	FE	EC Fo	rm 1 (Revised 02/2009)	Page 2	
			COMMITTEE		
	Cand	lidate	e 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. (Complet information below.)	thorized committee, and is NOT a principal campaign committee. (Complete the candidate	
	Name Candio		Johnson, Elizabeth, , ,		
	Candic Party /	date Affiliatio	on DEM Office Sought: K House Senate President	State GA District 12	
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candic				
I	Party	/ Com	nmittee:		
(d)			mocratic, publican, etc.) Party.	
F	Politi	cal A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:	
			Corporation Corporation w/o Capital Stock	abor Organization	
			Membership Organization Trade Association C	ooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.		
((f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	gated 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.)		
J	oint	Fund	draising Representative:		
(0	g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political	
(h	1)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two o committees/organizations, none of which is an authorized committee of a federal candidate.	r more political	
		Com	mittees Participating in Joint Fundraiser		
		1.	FEC ID number	· · · · ·]	
		ı. 2.	I I		
		3.	FEC ID number		
		4.	FEC ID number		

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Committee To Elect Liz Johnson, LLC

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

Mailing Address											
			L								
	CITY	STATE	ZIP CODE								
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor											
 Custodian of Records: Ident books and records. 	ify by name, address (phone number	optional) and position of the per-	son in possession of committee								
Armel, Don	ald, , ,										
Mailing Address	111 Olde Towne Dr										
	Statesboro	GA	30458 								
Title or Position	CITY	STATE	ZIP CODE								
Assistant Treasurer		Telephone number									

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	Barnes, Jarvis, Robin, ,		
Mailing Address	27 Hill Street		
	P O Box 1404		
	Statesboro	GA GA	30459
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Armel, Donald, , ,																		
Mailing Address		Olde Town Dr																	
	Stat	esboro									GA		30	0458			- [
			CI	TΥ							STATI	Ξ			ZIF	оо ч	DE		
Title or Position	urer		_ _]		Tele	phor	ne n	uml	ber		 1	- [-	-		

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.

C	itizens Bank Of The South		
Mailing Address	425 Commerce Dr		
	P O Box 120		
	Statesboro	GA 30	459
	CITY	STATE	ZIP CODE
Name of Bank, Depo	ository, etc.		
L			
Mailing Address			
	CITY	STATE	ZIP CODE

Ima	ge# 202007269260817751		
	FEC Form 1S (Revised 02/20	Optional Supplemental Information17)for Lines 5(g) or (h), 6, 8 and/or 9	Page _5_ of 5
5(g)	or(h). Joint Fundraising	Participant:	
	1.	FEC ID number	С
	2.	FEC ID number	С
	3.	FEC ID number	C
	4.	FEC ID number	С
6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
	Mailing Address		
	Relationship:	CITY STATE	ZIP CODE
	Connected	Organization Affiliated Committee Joint Fundraising Representation	tive Leadership PAC Sponsor
8.	Designated Agent: Identify J Johnson, E Full Name	by name, address (phone number – optional) ilizabeth, , ,	
	Mailing Address	PO Box 1404	
		Statesboro GA	30459
	TITLE OR POSITION	CITY A STATE A	ZIP CODE
	Assistant Treasurer		678 - 631 - 9214

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.																										
Mailing Address																										
	L																									
																								·		
CITY 🔺													S	TAT	Έ			ZIP	C	ODI		k				