## FEC FORM 1

ABOVE - BAN BAN BAN BEALENGE

## STATEMENT OF ORGANIZATION

RECEIVED FEC MAIL CENTER -

Office Use ionly 3 Att 11: 1,7

NAME OF COMMITTEE (in full)		(Check if name is changed)	Exampl over the	e:If typing, type e lines.	12FE4M5	
Childs for Congress Committee					1111	
	1 1 1	1 1 1 1 1 1				
ADDRESS (number and street)	[P. <sub> </sub> O. <sub> </sub> [	Box 1348	1 1 1 1		1 1 1 1 1	
(Check if address is changed)	سا	1 1 1 1 1	1111	111111		
Ž ,	Βугοη	CITY A			GA 3 STATE ▲	1008
COMMITTEE'S E-MAIL ADDRES	SS					
(Check if address is changed)	viyian	@yiviançhilds.com	1111	<u> </u>		
en jugti sa si sa zavazi sa sana si sa si sa si Sanasi sa wasi sa sana sa sa sa sa sa sa sa sa sa	•	al Second E-Mail Ad viyianchilds.com	ddress			
en er general er generalistete.				,		
COMMITTEE'S WEB PAGE ADD  (Check if address is changed)	ww <sub>1</sub>	vivjanchilds <sub>i</sub> com				
3. FEC IDENTIFICATION NU  4. IS THIS STATEMENT		►		AMENDED (A)	·	
4. IS THIS STATEMENT	146			AWENDED (A)		;
I certify that I have examined the Type or Print Name of Treasurer		nent and to the bes	t of my kno	wledge and belief it i	is true, correct a	and complete.
Signature of Treasurer	1 p	- Pmp			Date 0 2	2,6 / 2020
NOTE: Submission of false, errone				t the person signing th		he penalties of 52 U.S.C. §30109.
Office Use Only			Fe To	or further information co deral Election Commissio Il Free 800-424-9530 cal 202-694-1100		FEC FORM 1 (Revised 06/2012)

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TYPE OF COMMITTEE  Candidate Committee:	Encoding to the energy of the early
(a) X This committee is a principal campaign committee. (Complete the candi	idate information below.)
(b) This committee is an authorized committee, and is NOT a principal can information below.)	医乳头 医多形式 医糖尿病结核 人名德罗 美国人名
Name of Candidate Viyian L, Childs	
Candidate Office Party Affiliation Rep Sought: X House Senate	State GA President District 02
(c) This committee supports/opposes only one candidate, and is NOT an a	authorized committee.
Name of Candidate	
Party Committee:	/Domocratic
(National, State or subordinate) committee of the	(Democratic, he Republican, etc.) Party.
Political Action Committee (PAC):	The original participation of the pattern
(e) This committee is a separate segregated fund. (Identify connected organ	nization on line 6.) Its connected organization is a:
Corporation Corporation w/o Cap	oital 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 committee. (i.e., nonconnected committee)	nd is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC!	51,55 <b>8</b> (# 5 )
In addition, this committee is a Leadership PAC. (Identify sponsor	on line 6.)
Joint Fundraising Representative:	Television of the control of the con
(g) This committee collects contributions, pays fundraising expenses and disb committees/organizations, at least one of which is an authorized committee	ourses net proceeds for two or more political e of a federal candidate.
(h) This committee collects contributions, pays fundraising expenses and disb committees/organizations, none of which is an authorized committee of a f	urses net proceeds for two or more political
Committees Participating in Joint Fundraiser	in the second of
1.	C ID number
2.                         FEC	C ID number C
3.	CID number C
4.	D ID number C

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Write or Type Committee Na		reudrau aren 1915 y P <b>age 3</b> 1.
Childs for Congress Com	mittee	use in the first land
	l Organization, Affiliated Committee, Joint Fundraisin	g Representative, or Leadership PAC Sponsor
Mailing Address		
ag / toulood		
	CITY	STATE ZIP CODE
Relationship: Connec	sted Organization Affiliated Committee Joint Fund	draising Representative Leadership PAC Sponso
Mailing Address		
<u> </u>	e net volume e et en	with the second of the second
Treasurer: List the name any designated agent (e.g.	and address (phone number - optional) of the treasurer	of the committee; and the name, and address of
Full Name	Distriction of the control of the second of	ruhteni kuus turotettoi koti kopunta (k.). kej Taran kee sampiaka kana kirita kana kana kana kana kana kana kana ka
Mailing Address	205 N. Ingleside Dr.	
Title on Position	CITY	GA 31707 - ZIP CODE
Title or Position	1	ne number 229

CITY

013 1 19 039

FEC Form 1 (Revised 02/2009)

Full Name of

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La Maria Carlotte

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ZIP CODE

FOR FROM BOOK REAL PROPERTY

STATE

Page-4

ZIP CODE

ZIP CODE

## NEWS: OA: OA: OA: OOKIGENO

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

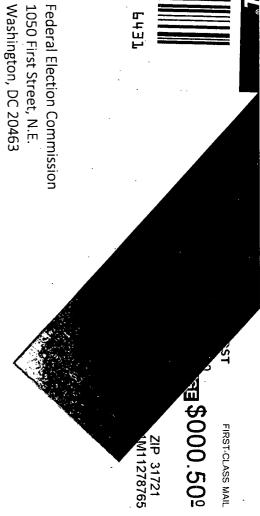
Page	of	-

Markette A. C. Carrierania and C. C. Carriera	The second of th
(g) or (h). Joint Fundrai	sing Participant:
1.	FEC ID number C
2.	FEC ID number C
3.	FEC ID number
4.	FEC ID number C.
Name of Any Connect	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor
1.1.1.1.1.1	<u></u>
Mailing Address	
Deletionship	OTATE A TRANSPERA
Relationship:	CITY ▲ STATE ▲ ZIP CODE ▲
Connec	cted OrganizationAffiliated Committeeloint Fundraising RepresentativeLeadership PAC Sponsor
B. Designated Agent: Iden	ntify by name, address (phone number – optional)
Mailing Address	
TITLE OR POSITION	ON ▼ CITY ▲ STATE ▲ ZIP CODE ▲
	Telephone Number
<ol> <li>Banks or Other Depos safety deposit boxes or</li> </ol>	sitories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents
Name of Bank, Depository, etc.	
Mailing Address	
•	<u> </u>
	CITY ▲ STATE ▲ ZIP CODE ▲

Tami Pietras 205 N. Ingleside Dr. Albany, GA 31707

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*փորդորդումի իրելերությունը արուդորդո* 

Hand Delivered	Date of Receipt  Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail	
TO HOMO DO IN HOUSE I	Postmarked (R/C) フノよら(りo
USPS Priority Mail	Postmarked
1	Postmarked
USPS Priority Mail Express	
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No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business Da	·
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	pt or Postmarked
JM	3/3/20
(3/2015)	DATE PREPARED