STATEMENT OF

RECEIVITY

FORM 1		ORGANI	ZATIO	ON		30 AM 8:42 Album & Essalphiniy R
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)		mple:If typing, type the lines.	12FE4M5	
Roger Fitz	zpatri	ck 4 Congre	SŞ , ,	<u> </u>		
		DO D- 0				
ADDRESS (number a	and street)	P.O. Box 3	323			
(Check if a is changed)		Cleveland			GA	30528
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only on rogerfitzpa			gmail.	com
COMMITTEE'S WEE	PAGE ADD	oress (url.) www.fitzpa	trick/	congress o	om	
(Check if is change						
2. DATE Ö7	7°′23	ß ′ Ž0′1Ž ˙				
3. FEC IDENTIFIC	CATION NU	JMBER C	0051	3762		
4. IS THIS STATE	MENT	NEW (N) OR		AMENDED (A)		
I certify that I have	examined th	is Statement and to the L	best of my	knowledge and belief it	is true, correc	t and complete.
Type or Print Name	of Treasure	ROBERT R	. BOI	REEDIS		
Signature of Treasur	er Ko	bert R. E	Sourg	ecois_	Date Ö7	7 ′ 23 ′ 2012 °
NOTE: Submission of	•	ous, or incomplete informations of the control of t	•			the penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

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5.			DMMITTEE					
			Committee:					
	(a)	\boxtimes	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 Candi	•	Roger D. Fitzpatrick					
	Candi	date Affiliatio	on REP Office	State GA				
	raity	Aimanc	Touse	District 09				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi	-						
	Part	y Com	mittee:	(Dama a saaki a				
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
	Polit	ical A	ction Committee (PAC):					
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:				
			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 s 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.)					
	1 - 1 - 1	. =						
		runa —	raising Representative:					
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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.	two or more political				
		Com	mittees Participating in Joint Fundraiser					
		1.	FEC ID number C					
		2.						
		3.	FEC ID number C					
		4.	FEC ID number C					

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Write or Type Committee N		
Roger Fitzpa	trick 4 Congress	
6. Name of Any Connecto	ed Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor.
1		1111111111
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: books and records. 	ldentify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name RO	ger Dale Fitzpatrick	
Mailing Address	P.O. Box 3323	
	<u> </u>	
	Clevleand GA	30528
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number 706	_ 892, _ 7987
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	bert R. Bourgeois	
Mailing Address	P.O. Box 3323	
	Cleveland GA CITY STATE	30528 zip code
Title or Position Treasurer	Telephone number	61-1 <u>8165</u> -1 <u>0030</u> 1

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Full Name of Designated	•				
Agent					
Mailing Address					
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			1	1 1 1	1
	'	CITY		STATE	ZIP CODE
Title or Position					
			Telephone r	number 1	
					······································
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safety deposit to Name of Bank,	Depository, etc	ins funds. Community Bank ,			
safety deposit t	Depository, etc	ins funds. :			
safety deposit to Name of Bank,	Depository, etc	ins funds. Community Bank 153 East Kytle Stre			
safety deposit to Name of Bank,	Depository, etc	ins funds. Community Bank ,		[GA]	[30528] -
safety deposit to Name of Bank,	Depository, etc	ins funds. Community Bank 153 East Kytle Stre			
safety deposit to Name of Bank,	Depository, etc	Community Bank 153 East Kytle Stre		iGA]	[30528]
safety deposit to Name of Bank, Mailing Address	Depository, etc	Community Bank 153 East Kytle Stre		iGA]	[30528]
safety deposit to Name of Bank, Mailing Address	Depository, etc	Community Bank 153 East Kytle Stre		iGA]	[30528]
safety deposit to Name of Bank, Mailing Address	Depository, et	Community Bank 153 East Kytle Stre Cleveland CITY		GA STATE	[30528]
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, et	Community Bank 153 East Kytle Stre Cleveland CITY	et	GA STATE	[30528]
safety deposit to Name of Bank, Mailing Address Name of Bank,	Depository, et	Community Bank 153 East Kytle Stre Cleveland CITY	et	GA STATE	[30528]

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	Date of Receipt
Hand Delivered	•
	Postmarked
USPS First Class Mail	7/24/12
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature	gnature Confirmation™ Label
LIONO Franco Mail	Postmarked
USPS Express Mail	
Postmark Illegible	
No Postmark	· -
Overnight Delivery Service (Specify):	Shipping Date
Overlight Belivery Service (Opechy).	Next Business Day Delivery
Received from House Records & Registration	Date of Receipt on Office
Received from Senate Public Records Office	Date of Receipt e
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Ima	7/30/12
PREPARER	DATE PREPARED
(3/2005)	