

FEC FORM 1

STATEMENT OF ORGANIZATION

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

GEORGIA BANKERS ASSOCIATION PAC

ADDRESS (Number and street) (Check if address is changed)

50 HURT PLAZA SUITE 1050

ATLANTA **GA** **30303**

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

jrullivan@gabankers.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gabankers.com

COMMITTEE'S FAX NUMBER

4044229848

2. DATE **04 / 04 / 2005**

3. FEC IDENTIFICATION NUMBER **C C00092841**

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 complete.

Type or Print Name of Treasurer **Elizabeth W. Chandler**

Signature of Treasurer Electronically Filed by Elizabeth W. Chandler Date **04 / 04 / 2005**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (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. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

AMERICAN BANKERS ASSOCIATION BANKPAC _____

Mailing Address _____ 1120 CONN. AVE., NW SUITE 851 _____

WASHINGTON DC 20036 - _____

CITY A

STATE A

ZIP CODE A

Relationship | National Affiliate _____

Type of Connected Organization:

- | | | |
|-------------------------|---|--------------------|
| Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization | <input checked="" type="checkbox"/> Trade Association | Cooperative |

Write or Type Committee Name

GEORGIA BANKERS ASSOCIATION PAC

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name John Thomas Runnion

Mailing Address 50 Hurt Plaza
Suite 1050
Atlanta GA 30303

Title or Position ▼ Senior VP and CFO CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 404 - 420 - 2033

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 Elizabeth W. Chandler

Mailing Address 50 Hurt Plaza
Suite 1050
Atlanta GA 30303

Title or Position ▼ Senior VP / Director CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 404 - 522 - 1501

Full Name of Designated Agent John Thomas Runnion

Mailing Address 50 Hurt Plaza
Suite 1050
Atlanta GA 30303

Title or Position ▼ CFO/Controller CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number 404 - 420 - 2033

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.

Citizens Trust Bank

Mailing Address

Post Office Box 4495

Atlanta

GA

30302 -

CITY Δ

STATE Δ

ZIP CODE Δ