# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1 (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
GEORGIA FEDERAL ELECTIONS COMMITTEE

(b) Number and Street Address ☐ (Check if address is changed)
1100 SPRING STREET, SUITE 420

(c) City, State and ZIP Code
ATLANTA, GA 30309

2 DATE
APRIL 6, 1994

3 FEC IDENTIFICATION NUMBER
C00041269

4 IS THIS STATEMENT AN AMENDMENT?
X YES ☐ NO

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 | State/District |
|---|---|---|---|
| | | | |

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☒ (d) This committee is a STATE (National, State or subordinate) committee of the DEMOCRATIC (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 a party committee.

| Name of Any Connected Organization or Affiliated Committee | Mailing Address and ZIP Code | Relationship |
|---|---|---|
| | | |

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

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 | Mailing Address | Title or Position |
|---|---|---|
| PRIVETT, DEBORAH | 1100 SPRING STREET, SUITE 420<br>ATLANTA, GA 30309 | BUSINESS MANAGER |

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 | Mailing Address | Title or Position |
|---|---|---|
| TREASURER - THRASH, THOMAS | 1100 SPRING STREET, SUITE 420 | LEGAL COUNSEL |
| ASST. TREAS. MARSHALL SANDERS | ATLANTA, GA 30309 | EXECUTIVE DIR. |

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 and ZIP Code |
|---|---|
| NATIONSBANK OF GEORGIA | 1088 PEACHTREE STREET NE<br>ATLANTA, GA 30309 |

*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 | SIGNATURE OF TREASURER | DATE |
|---|---|---|
| THOMAS THRASH | Thomas Thrash | 4/13/94 |

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §43
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-376-3120

FEC FORM
(revised 4/

9 4 0 3 8 9 5 1 4 3 2

Federal Election Commission

# ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

| | | |
|---|---|---|
| ☐ | Hand Delivered | DATE OF RECEIPT |
| ☐ | First Class Mail | POSTMARKED |
| ☑ | Registered/Certified Mail | POSTMARKED 4-12-94 |
| ☐ | No Postmark | |
| ☐ | Postmark Illegible | |
| ☐ | Received from the House Office of Records and Registration | DATE OF RECEIPT |
| ☐ | Received from the Senate Office of Public Records | DATE OF RECEIPT |
| ☐ | Other (Specify): | POSTMARKED and/or DATE OF RECEIPT |

SLB. — PREPARER

4-20-94 — DATE PREPARED

FEC FORM 70-2 (12/92)

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