STATEMENT OF

FORM 1	ORGANIZ (See instruction			Office use only
NAME OF COMMITTEE (in f	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
Westmoreland	for Congress			
ADDRESS (number and s	P.O. Box 458			
(Check if address				
is changed)	Sharpsburg		GA	30277
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please provide only one e	-mail address)		
(Check if address is changed)				
COMMITTEE'S WEB I	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE M. M. M. O. 5	14 2003	C C00387126		
4. IS THIS STATEM	ENT X NEW (N) OR	AMENDED (A)	_	
I certify that I have examin	ned this Statement and to the best of my kn	owledge and belief it is true, correct	t and complete	
Type or Print Name of	Treasurer Ann Hand			
Signature of Treasurer	Electronically Filed by Ann Hand	d	Date 12 ^M	01 2009
NOTE: Submission of fal	se, erroneous, or incomplete information ma	ay subject the person signing this S	·	
Office Use Only		For further informatic Federal Election Comm Toll Free 800-424-953	nission	FEC FORM 1 (Revised 02/2009)

FEC	Form 1 (Revised 02/2009)		Page 2
	OMMITTEE (Check One) Committee:		
(a) X	This committee is a principal campaign committee	e. (Complete the candidate informat	tion below.)
(b)	This committee is an authorized committee, and is information below.)	NOT a principal campaign commi	ittee. (Complete the candidate
Name of Candidate	Lynn A. Westmoreland		
Candidate Party Affilia	ion REP Office X H	House Senate	State President District O3
(c)	This committee supports/opposes only one candid-	ate, and is NOT an authorized com	mittee.
Name of Candidate			
Party Com			
(d)		onal, State bordinate) committee of the	(Democratic, Republican,etc.) Party.
Political Ac	etion Committee (PAC):		
(e)	This committee is a separate segregated fund. (Ide	ntify connected organization on line	e 6.) Its connected organization is a:
	Corporation	Corporation w/o Capital Stock	Labor Organization
	Membership Organization	rade Association	Cooperative
	In addition, this committee is a Lobbyist	/Registrant PAC.	
(f)	This committee supports/opposes more than one F committee. (i.e., nonconnected committee)	ederal candidate, and is NOT a sep	parate segregated fund or party
	In addition, this committee is a Lobbyist/Regis	strant PAC.	
	In addition, this committee is a Leadership PA	AC (Identify sponsor on line 6.)	
	aising Representative:		
(g)	This committee collects contributions, pays fundrais committees/organizations, at least one of which is a		
(h)	This committee collects contributions, pays fundrais committees/organizations, none of which is an author		
Con	nmittees Participating in Joint Fundraiser		
	1.	FEC ID number	С
	2.	FEC ID number	C
	3.	FEC ID number	C
	4.	FEC ID number	С

2/2009)			Page 3
ress			
ganization, Affiliated Committee,	Joint Fundraising Representa	ative, or Leac	lership PAC Sponsor
ommittee			
		1 1 1 1	
PO Box 1117			
Sharpsburg		GA	30277
CITY	s	TATE A	ZIP CODE
Affiliated Committee	X Joint Fundraising Repre	sentative	Leadership PAC Sponsor
books and records. Hand		position of t	he person in
Newnan		GA	30265
CITY A		770	ZIP CODE 1
		of the comm	littee; and the
Hand			
P.O. Box 1218			
Newnan		GA	30264
CITY A	;	STATE A	ZIP CODE A
	Telephone numb	770	_ 254 _ 7903
	press ganization, Affiliated Committee, pommittee PO Box 1117 CITY Affiliated Committee entify by name, address, (phore books and records. Hand 18 Culpepper R Newnan CITY A and address (phone number - designated agent (e.g., assisted Hand P.O. Box 1218 Newnan CITY A	pommittee PO Box 1117 Sharpsburg CITY A Sommittee Affiliated Committee X Joint Fundraising Representations and address (phone number optional) of the treasurer of designated agent (e.g., assistant treasurer). Hand P.O. Box 1218 Newnan CITY A Sommittee X Som Telephone number optional of the treasurer of designated agent (e.g., assistant treasurer).	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead committee PO Box 1117 GA STATE A Affiliated Committee X Joint Fundraising Representative Affiliated Committee X Joint Fundraising Representative Intify by name, address, (phone number optional), and position of the books and records. Hand 18 Culpepper Road Newnan GA CITY A STATE A Telephone number 770 and address (phone number optional) of the treasurer of the commit designated agent (e.g., assistant treasurer). Hand P.O. Box 1218 Newnan GA CITY A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A STATE A

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Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Telepho	one number	
9. Banks or Other De safety deposit boxe Name of Bank, Dep	s or maintains funds.	nmittee deposits funds, ho	lds accounts, rents
	Bank of Coweta		
Mailing Address	P.O. Box 1218		
	Newnan	GA	30264
	CITY 🛕	STATE △	ZIP CODE 🛕
Name of Bank, Dep	ository, etc.		
Mailing Address			
	CITY 🖪	STATE △	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintains	List all banks or other depositories in which the commi	ttee deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.	Turido.		[ADDITIONAL]
Suntrust	Bank		
Mailing Address	303 Peachtree St NE		
Mailing Address			
L			
L	Atlanta	GA	30308
	CITY 🔼	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Organ	ization, Affiliated Committee, Joint Fundraising Rep	procentative or Leads	[ADDITIONAL]
	ization, Anniated Committee, some Fundraising Nep	resemative, or Leade	FAC Sponsor
<u> </u>			
Mailing Address			
l			
l		ا ليا ل	
Relationship:	CITY▲	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraising Rep	oresentative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Mailing Address			
Title or Position ▼	CITY A	STATE.▲	ZIP CODE A
	Telepho	one number	
loint Fundraicer Participent	·		[ADDITIONAL]
Joint Fundraiser Participant	I	EC ID number C	-
		EC ID number	