

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1 NAME OF COMMITTEE (as full) (Check if name is changed) Example: If typing, type over the lines. 12FB4N5

SMITH GAMBRELL & RUSSELL POLITICAL ACTION COMMITTEE TRUST

ADDRESS (number one street) (Check if address is changed) 1230 PEACHTREE STREET, N.E. SUITE 3100, PROMENADE II ATLANTA GA 30309-3592 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS b.l.balkcom@agrilaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 04 15 2004

3. FEC IDENTIFICATION NUMBER C00187112

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) X

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Assistant

Type or Print Name of Treasurer HENRY L. BALKCOM IV Signature of Treasurer [Signature] Date 04 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 6497g. 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 aggregated fund.

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

6. Name of Any Contacted Organization or Affiliated Committee

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

\_\_\_\_\_

Type of Government Organization

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

**SMITH, GAMBRELL & RUSSELL POLITICAL ACTION COMMITTEE TRUST**

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 \_\_\_\_\_ Telephone number \_\_\_\_\_

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 **ROBERT H. G. LOCKWOOD**  
 Mailing Address **1230 PEACHTREE, N.E.**  
**SUITE 3100, PROMENADE II**  
**ATLANTA** GA **30309-3502**  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**TREASURER** Telephone number **404-815-3500**

Full Name of Designated Agent **HENRY L. BAIKCOM IV**  
 Mailing Address **1230 PEACHTREE STREET, N.E.**  
**SUITE 3100, PROMENADE II**  
**ATLANTA** GA **30309-3502**  
 Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**ASSISTANT TREASURER** Telephone number **404-815-3500**

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<i>Doc</i> PREPARER	4-21-04 DATE PREPARED