

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Georgians for Latham, Inc.

ADDRESS (number and street) 4062 PEACHTREE RD NE  
 (Check if address is changed) STE A #288  
ATLANTA GA 30319  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) staci@sageadvisorygroup.co

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.lathamsaddler.com

2. DATE 10 / 15 / 2021

3. FEC IDENTIFICATION NUMBER C C00776328

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 GOEDE, STACI, , ,

Signature of Treasurer GOEDE, STACI, , , [Electronically Filed] Date 10 / 15 / 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE

**Candidate Committee:**

- (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 SADDLER, LATHAM, , ,

Candidate Party Affiliation  REP  Office Sought:  House  Senate  President State  GA  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

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

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
  - Corporation  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 segregated fund or party committee. (i.e., nonconnected committee)
  - In addition, this committee is a Lobbyist/Registrant PAC.
  - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
2. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
3. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_
4. \_\_\_\_\_ FEC ID number  C \_\_\_\_\_

Write or Type Committee Name

# Georgians for Latham, Inc.

**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

**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 GOEDE, STACI, , ,

Mailing Address 7816 ROSE GARDEN LANE

SPRINGFIELD

VA

22153

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 703 - 371 - 5852

**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 GOEDE, STACI, , ,

Mailing Address 7816 ROSE GARDEN LANE

SPRINGFIELD

VA

22153

Title or Position TREASURER

CITY

STATE

ZIP CODE

Telephone number 703 - 371 - 5852

Full Name of Designated Agent

CLANCY, MARY, , ,

Mailing Address

11972 GREY OAKS PARK ROAD

GLEN ALLEN

CITY

VA

STATE

23059

ZIP CODE

Title or Position

Telephone number

703

989

6167

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.

FVCbank

Mailing Address

11325 Random Hills Road

Fairfax

CITY

VA

STATE

22030

ZIP CODE

Name of Bank, Depository, etc.

SYNOVUS

Mailing Address

3400 OVERTON PARK DRIVE SE

ATLANTA

CITY

GA

STATE

30339

ZIP CODE