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(Office Use Only)

FEC
FORM 1STATEMENT OF
ORGANIZATION1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines.

12FE4M5

FRIENDS OF CATRY WOODWARD, INC.

ADDRESS (number and street)

POST OFFICE BOX 932

(Check if address
is changed)

ATLANTA

GA

30031

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FOA.PA.GN@CATRYWOODWARD.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CATRYWOODWARD.COM

COMMITTEE'S FAX NUMBER

404-377-1308

2. DATE

06 11 2004

3. FEC IDENTIFICATION NUMBER ▶

C00399467

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

Karen Gervey

Signature of Treasurer

Karen Gervey

Date

06 12 2004

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.

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local (202) 694-1100FEC FORM 1
(Revised 02/2003)

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

CATHY WOLARD

Candidate Party Affiliation

DEM

Office Sought

X

House

Senate

President

State

GA

District

04

- (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 subchapter) 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

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization

☐

Corporation

☐

Corporation w/o Capital Stock

☐

Labor Organization

☐

Membership Organization

☐

Trade Association

☐

Cooperative

Write or Type Committee Name

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 BARBARA GENEV
 Mailing Address 829 GLENDALE AVE
ATLANTA GA 30307
 Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 404-377-3191

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 BARBARA GENEV
 Mailing Address 829 GLENDALE AVE
ATLANTA GA 30307
 Title or Position CITY STATE ZIP CODE

TREASURER Telephone number

Full Name of Designated Agent MATTHEW HICKS
 Mailing Address POST OFFICE BOX 932
DECATUR GA 30031
 Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 404-377-3191

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.

DECATUR FIRST BANK

Mailing Address

1126 COMMERCE DRIVE

DECATUR

GA

30030

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

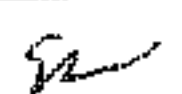
CITY ▲

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.

☐ Hand Delivered	Date of Receipt
☒ USPS First Class Mail	Postmarked 6/14/04
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
 PREPARER (5/2004)	6/21/04 DATE PREPARED