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FEC MAIL OPERATIONS CENTER

2004 JUN 21 A 9:22

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

FRIENDS OF CATHY WOOLARD INC

ADDRESS (number and street) POST OFFICE BOX 932

(Check if address is changed)

ATLANTA GA 30031-1

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

FRIENDSOFCATHYWOOLARD.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.CATHYWOOLARD.COM

COMMITTEE'S FAX NUMBER

404-377-1208

2. DATE 06 11 2004

3. FEC IDENTIFICATION NUMBER ▶ C00399467

4. IS THIS STATEMENT: NEW (N) OR X 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 Gerney

Signature of Treasurer Karen Gerney 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 Only					

For Further Information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE5HR02.PDF

5. TYPE OF COMMITTEE (Check One)

(a) [X] 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: VA

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 subordinate) 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: KAREN GENEY

Mailing Address: 829 GLENDALE AVE

ATLANTA | GA | 30307-

City ▲ | State ▲ | ZIP Code ▲

Title or Position ▼: TREASURER

Telephone number: 404-377-3101

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: KAREN GENEY

Mailing Address: 829 GLENDALE AVE

ATLANTA | GA | 30307-

City ▲ | State ▲ | ZIP Code ▲

Title or Position ▼: TREASURER

Telephone number:

Full Name of Designated Agent: MATTHEW WICKS

Mailing Address: POST OFFICE BOX 932

DECATUR | GA | 30031-

City ▲ | State ▲ | ZIP Code ▲

Title or Position ▼: ASSISTANT TREASURER

Telephone number: 404-377-3101

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 1120 COMMERCE DRIVE

DECATUR GA 30030-1

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

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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.

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	6/21/04
PREPARER	DATE PREPARED

(5/2004)