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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF COMMITTEE (in full) (Check if name is changed) Exempt? If typing, type over the lines. 12FB4MS

ROGER HINES FOR CONGRESS

ADDRESS (number and street) 2264 LAKEWOOD DRIVE

(Check if address is changed) KENNESAW GA 30152

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

NANCY@ROGERHINES.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.ROGERHINES.COM

COMMITTEE'S FAX NUMBER

770-427-6748

2. DATE 05 03 2003

3. FEC IDENTIFICATION NUMBER C

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 of Print Name of Treasurer Joanne Thurston

Signature of Treasurer [Signature] Date 05 03 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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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: ROGER HINES

Candidate Party Affiliation: REP      Office Sought:  House     Senate     President      State: GA  
 District: 06

- (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 in 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 NANCY HINES

Mailing Address 2264 LAKEWOOD DRIVE  
KENNESAW GA 30152

Title or Position  CITY  STATE  ZIP CODE

ASSISTANT TREASURER Telephone number 770-427-2674

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 JOANNE THURSTON

Mailing Address 66 MOUNT CANVARY ROAD  
MARIETTA GA 30064

Title or Position  CITY  STATE  ZIP CODE

TREASURER Telephone number 770-795-1556

Full Name of Designated Agent NANCY HINES

Mailing Address 2264 LAKEWOOD DRIVE  
KENNESAW GA 30152

Title or Position  CITY  STATE  ZIP CODE

ASSISTANT TREASURER Telephone number 770-427-2674

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.

GEORGIAN BANK

Mailing Address

3270 FLORENCE ROAD

PO BOX 1309

POWDER SPRINGS GA 30127

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

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