22037684426

| FEC FORM 1 | STATEMENT OF ORGANIZATION (See instructions) | |

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed)   Example:if typing, type over the lines.   `12FE4M5`

DENISE FREEMAN FOR CONGRESS

ADDRESS (number and street) ▼   10516 STOKES DRIVE

☐ (Check if address is changed)

TEGMALL   GA   30668-

CITY ▲   STATE ▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

dfreeman@oo2@nu-z.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE   07 26 2002

3. FEC IDENTIFICATION NUMBER ▶   C TO BE ASSIGNED

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   BARRY FREEMAN

Signature of Treasurer _____   Date   07 26 2002

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 1/01) |

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   DENISE FREEMAN

Candidate Party Affiliation   DEM   Office Sought: ☑ House ☐ Senate ☐ President   State GA   District 12

(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

FEC Form 1 (Revised 1/01)   Page 3

Write or Type Committee Name

FREEMAN FOR CONGRESS

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   BARRY FREEMAN

Mailing Address 1056 STOKES DRIVE

                 TIGNALL   GA   30668-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   706-359-2232

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   BARRY FREEMAN

Mailing Address 1056 STOKES DRIVE

                 TIGNALL   GA   30668-

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

TREASURER   Telephone number   706-359-2232

Full Name of
Designated
Agent

Mailing Address

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

                                   Telephone number

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.

WACHOVIA BANK NATIONAL

Mailing Address   DANIEL VILLAGE SHOPPING CENTER

AUGUSTA   GA   30904-

	CITY ▲	STATE ▲	ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

	CITY ▲	STATE ▲	ZIP CODE ▲

22037684430

Federal Election Commission

ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

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PREPARER

8-3-02
DATE PREPARED

(6/2000)