

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

SECRETARY OF THE SENATE

03 DEC 29 PM 12:47

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Gary Leshaw for Senate

ADDRESS (number and street)

P.O. Box 2075

(Check if address is changed)

Decatur

GA

30031

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

leshawforsenate.com

COMMITTEE'S FAX NUMBER

2. DATE

12 / 22 / 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 or Print Name of Treasurer

Barry E. Flink

Signature of Treasurer

Barry E. Flink

Date

12 / 23 / 2003

NOTE: Submission of false, anonymous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Tel. Free 800-431-9520 Local 202-694-110

FEC 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 Gary Lefflaw

Candidate Party Affiliation Dem Office Sought House Senate President State GA District 00

- (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

Gary Leshaw for Senate

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 Julia Carter

Mailing Address 772 Wildvee Drive

Decatur GA 30033

Title or Position CITY STATE ZIP CODE

Campaign Manager Telephone number 404 638 6354

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 E. Flink

Mailing Address 3841 Brocklawn Court, NE

Atlanta GA 30319

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 404 252 0961

Full Name of Designated Agent Laurence J. Eisenstein

Mailing Address 1046 Potomac Street, NW

Washington DC 20007

Title or Position CITY STATE ZIP CODE

Assistant Treasurer Telephone number 202 965 4700

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		
1120 Commerce Drive			
Decatur	GA	30030	
	CITY ▲	STATE ▲	ZIP CODE ▲

Gary. Leshard
765 Commerce Drive

Spine #00
Decatur Georgia 30030

UNITED STATES POSTAL SERVICE
REGISTERED MAIL



RB 803 479 047 US

LONG 800 336 1110 REGISTERED MAIL

Secretary of the Senate
Office of Public Records

P.O. Box 5109

Alexandria, Virginia 22301-0109



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EMILY J. REYNOLDS
SECRETARY

PAMELA R. GAVIN
SUPERINTENDENT
HART BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: 202-228-0022

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt
 REGISTERED/CERTIFIED MAIL **12-23-03**
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RECEIVED FROM THE FEDERAL ELECTION
COMMISSION
Date of Receipt

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PRIORITY MAIL
EXPRESS MAIL
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Postmark and/or Date of Receipt

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FAX (48-HOUR NOTICES)
FAX (FEC FORM #10)
FAX (CAMPAIGN REPORT)
Date of Receipt

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CENTER
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RD
Preparer **12-29-03**
Date Prepared

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