

FEC FORM 1

STATEMENT OF ORGANIZATION

FEDERAL ELECTION COMMISSION

Office Use Only

2007 APR 30 12:11:17 12FE4M5

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

Freeman for Congress 2007

ADDRESS (number and street)

11056 Freeman-Starkis Drive

(Check if address is changed)

Tignall GA 30668

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

FreemanforCongress@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

freemanforcongress2007.com

COMMITTEE'S FAX NUMBER

706-359-7726

2. DATE 04 20 2007

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 Marion Denise Spencer Freeman

Signature of Treasurer [Handwritten Signature] Date 04 20 2007

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)

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 Demise Spencer Freeman

Candidate Party Affiliation Dem Office Sought: House Senate President State Ga District 10

- (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

27019432620

Write or Type Committee Name

Committee to Elect Freeman for Congress 2007

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 Marian Denise Spencer Freeman

Mailing Address 11056 Freeman-Starks Drive

Tringwood Ga 30668

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Custodian of Records Telephone number 704-388-2828

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 Marian Denise Spencer Freeman

Mailing Address 11056 Freeman-Starks Drive

Tringwood Ga 30668

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Treasurer Telephone number _____

Full Name of Designated Agent Barny A Freeman

Mailing Address 11056 Freeman-Starks Drive

Tringwood Ga 30668

Title or Position ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Assistant Treasurer 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

Mailing Address

Daniel V. Hargreaves Financial Ctr. Bldg 9404

2803 Wrightsboro Rd. Suite 34

Augusta Ga 30909

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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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

JMS
 PREPARER
 (3/2005)

4/30/07
 DATE PREPARED

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