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FEDERAL ELECTION COMMISSION
MAIL CENTER

2005 MAR -8 A 8:19

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. 12 PICAS

LYNN WESTMORELAND FOR CONGRESS

ADDRESS (number and street)

PO BOX 458

(Check if address is changed)

GRANTSBURG GA 30277-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

INFO@LYNNWESTMORELAND.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW.LYNNWESTMORELAND.ORG

COMMITTEE'S Fax NUMBER

770-832-0210

2. DATE 03 02 2005

3. FEC IDENTIFICATION NUMBER ▶ C00409839

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 ANN HAND

Signature of Treasurer [signature] Date 03 02 2005

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)

FE5NW042.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: LYNN WESTMORELAND

Candidate Party Affiliation: REP

Office Sought: [X] House [ ] Senate [ ] President

State: GA

District: 08

(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: ANN HAND

Mailing Address: BANK OF GEORGIA
P.O. BOX 1245
NEWNAN GA 30264-1245

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

TREASURER | Telephone number

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: ANN HAND

Mailing Address: BANK OF GEORGIA
P.O. BOX 1245
NEWNAN GA 30264-1245

Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲

Telephone number: (770)-253-1340

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.

BANK OF GEORGIA

Mailing Address P.O. BOX 1218

NEWNAN GA 30264-

CITY ▲ STATE ▲ ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

25038750816

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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☐ No Postmark	
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GR — PREPARER

3/8/05 — DATE PREPARED

(5/2004)