

FEDERAL
ELECTION
COMMISSIONS CENTERFEC
FORM 1STATEMENT OF
ORGANIZATION

2005 MAR -8 A 8 19

Office Use Only

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

12MR4MS

LYNN WES T M A R E L A N D F O R C O N G R E S S

ADDRESS (number and street)

P O B O X 458

(Check if address
is changed)

G A R E S H A R G

GA

30277

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

I N F O @ L Y N N W E S T M A R E L A N D . O R G

COMMITTEE'S WEB PAGE ADDRESS (URL)

W W W . L Y N N W E S T M A R E L A N D . O R G

COMMITTEE'S FAX NUMBER

770-420-1210

2. DATE

03 02 2005

3. FEC IDENTIFICATION NUMBER ▶

000409889

4. IS THIS STATEMENT

NEW (N)

OR



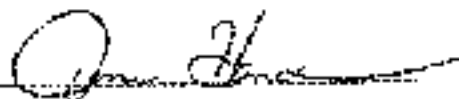
AMENDED (A)

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

ANN HAND

Signature of Treasurer



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
OnlyFor further information contact
Federal Election Commission
Toll Free 800-424-6539
Local 202-694-1100FEC 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

LYNN WESTMORELAND

Candidate Party Affiliation

REP

Office Sought:

☒

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 COMETIA

P.O. BOX 1218

NEWNAN GA 30264

Title or Position Title 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 COMETIA

P.O. BOX 1218

NEWNAN GA 30264

Title or Position Title CITY STATE ZIP CODE

Telephone number (770)-253-1134

Full Name of Designated Agent

Mailing Address

Title or Position Title CITY STATE ZIP CODE

Telephone number

9. Banks or Other Depositories: List all banks or other depositories in which the candidate 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

NEWMAN

GA

30264

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

☐ Hand Delivered	Date of Receipt
☒ USPS First Class Mail	Postmarked 3/3/05
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☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
92 PREPARER (5/2004)	3/8/05 DATE PREPARED