

FEC
FORM 1

STATEMENT OF
ORGANIZATION

(See instructions)

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Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FB4M5

Friends of Roger Kahn, Inc.

ADDRESS (number and street) 1633 Cass-Pine Log Road

X (Check if address is changed) Rydal

GA 30171

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
Info@KahnforCongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
www.KahnforCongress.com

2. DATE 12 18 2001

3. FEC IDENTIFICATION NUMBER C00344556

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 Barbara Lesseur

Signature of Treasurer [Handwritten Signature] Date 12 18 2001

NOTE: Submission of false, erroneous, 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.

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 Roger C. F. Kaba

Candidate Party Affiliation DEM Office Sought: House Senate President State GA District 11

- (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

Friends of Roger Kahn, Inc.

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 Barbara Lessor

Mailing Address 633 Cass Pine-Lag Road

Rydal GA 30171

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 770-607-8330

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 Barbara Lessor

Mailing Address 633 Cass Pine-Lag Road

Rydal GA 30171

Title or Position Treasurer CITY STATE ZIP CODE

Telephone number 770-607-8330

Full Name of Designated Agent Same as Above

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 America

Mailing Address

600 Peachtree St, NE

Suite 1100

ATLANTA GA 30308

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

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|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>12-20-01</i> |
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| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
| <i>[Signature]</i> PREPARER | <i>12-20-01</i> DATE PREPARED |